



AUTHORISED SIGNATORY FORM
For Payments of Subsidy Under the *Aged Care Act 1997*
For use by services submitting manual forms.

Important information

To complete this form, please read the following information carefully and send your completed form to your relevant Medicare Australia** state office (See address below.)

Use this form to:

- Notify Medicare Australia of authorised signatories.

Notes

- This authorisation replaces all preceding authorisations of signatories and previous forms are hereby superseded and void.
- Key personnel of the Approved Provider who authorise this form must provide a specimen signature.
- In the event of additional signatories, additional pages may be inserted in the form.
- The Date of Effect is the date on which the authority to sign will commence.
- The key personnel of the Approved Provider must verify **all** specimen signatures on this form.
- It is the responsibility of the Approved Provider to determine the items for which each signatory is authorised. Please indicate clearly the item(s) for which each signatory is authorised in the section provided next to each specimen signature.
- It is the responsibility of the Approved Provider to inform Medicare Australia of changes to authorised signatories and to advise the removal of previous authorised signatories.
- Section 3 of this form can only be signed by the key personnel of the Approved Provider as defined in the *Aged Care Act 1997*.
- Giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- If you have any queries please contact your Medicare Australia** state office at:
www.medicareaustralia.gov.au

Please forward the original of this form to:

Aged Care
Medicare Australia
GPO Box 9923
In your Capital City

Please note, for services located in the Northern Territory and Australian Capital Territory, forms should be sent to Adelaide, South Australia and Sydney, New South Wales respectively.

**Providing aged care payments to service providers on behalf of the Department of Health and Ageing

1 Service Details

Name of aged care service:

Street number & name:

Suburb/town:

State/Territory: Postcode:

Service ID Number: Type (Tick one only): Residential Community Flexible

NB – a separate authorised signatory form is required for each individual type of care/service

Full legal name of approved provider:

Address & suburb/town:

ABN: - - - Branch (if applicable):

Contact name: Phone number: () -

Position: Fax number: () -

2 Authorisation of Person/s

Items that can be nominated are:

Item	Authorisation	Item	Authorisation
1	Claim for Commonwealth subsidy	3	Resident Entry Record (RER)
2	Resident Classification Scale (RCS)	4	Application for eligible oxygen treatment and/or enteral feeding supplement

The person(s) nominated below are authorised to sign the items as indicated.

1 Name: Title Full Name

Date of effect: / / Position:

1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimen signature

.....

2 Name: Title Full Name

Date of effect: / / Position:

1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimen signature

.....

3 Name Title Full Name

Date of effect / / Position

Authorised to sign for items			
1	2	3	4

Specimen signature

.....

4 Name Title Full Name

Date of effect / / Position

Authorised to sign for items			
1	2	3	4

Specimen signature

.....

5 Name Title Full Name

Date of effect / / Position

Authorised to sign for items			
1	2	3	4

Specimen signature

.....

6 Name Title Full Name

Date of effect / / Position

Authorised to sign for items			
1	2	3	4

Specimen signature

.....

7 Name Title Full Name

Date of effect / / Position

Authorised to sign for items			
1	2	3	4

Specimen signature

.....

3 This section MUST be completed

To be signed by key personnel of the Approved Provider (giving false or misleading information is a serious offence under the *Criminal Code Act 1995*).

Name Title Full Name

Position

Signature Date / /

NB – a copy of this form will be sent to the Department of Health and Ageing