



## Request for Pay Group Link

### Important information

Medicare benefit cheques are usually made payable to the provider at their location address. A pay group link enables a provider to have Medicare benefit cheques made payable to another payee associated with the practice and/or another address. Cheques can be sent to the requested pay group link from the date the application has been processed.

**Note:** your application should be submitted to Medicare Australia as soon as possible prior to your proposed commencement date of the pay group arrangements.

Where applications are faxed, you must retain your original documents for auditing purposes.

### Assistance

If you need assistance in completing this form call Medicare Australia on **132 150\*** (8.30 am to 5.00 pm Monday to Friday)

or visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

or email [medicare.prov@medicareaustralia.gov.au](mailto:medicare.prov@medicareaustralia.gov.au)

### Lodgement

Send the completed and signed form to:

**Medicare Australia  
Provider Eligibility Section  
GPO Box 9822  
in your capital city**

or fax to:

|        |                     |       |                     |
|--------|---------------------|-------|---------------------|
| NSW    | <b>02 9895 3439</b> | ACT   | <b>02 9895 3439</b> |
| VIC/NT | <b>03 9605 7984</b> | QLD   | <b>07 3004 5634</b> |
| WA     | <b>08 9214 8201</b> | SATAS | <b>08 8274 9307</b> |

Tick where applicable

\* Call charges apply

### Personal details

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

1 Family name

First given name

Other given name(s)

2 Date of birth

3 Your sex

Male

Female

### Personal contact details

Postal and/or email address to be used for:

This application only

General mailout purposes

4 Postal address

5 Work phone number

Mobile

Fax

Email

## Provider location address

(where Pay Group Link is required)

6 Provider number (for this location)

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

7 Practice name/building

Property/Department

Suite     Unit     Shop

Number

Floor number

Street details

Suburb

State

Postcode

## Business type

8 Tick appropriate category for your business.

- Associateship
- Company
- Government
- Hospital
- Indigenous
- Joint venture
- Natural person
- Partnership
- Sole trader
- Other

## Requested payee

9 Requested payee (if different to applicant)

10 Address of payee (for mailing payment)

Postcode

**Note:** where the payee is a third party, the payee (or person properly authorised in the case of a body corporate or other entity) must agree to the arrangement by signing below.

11 Signature of payee

Date

**Note:** Medicare Australia policy concerning pay group links is that where a pay group to a third party is terminated by the provider, the third party will be routinely advised of the termination. After the date a pay group link is terminated any outstanding claims processed will be payable to the 'payee' recorded at the time the claim is processed.

## Declaration and undertaking

**I undertake:** to immediately notify my pay group or third party payee of any current and/or future notice(s) issued on Medicare Australia to garnish or intercept payments due to me or my provider number.

**I declare that:** to the best of my knowledge and belief all the information provided on this form is true and correct.

Signature of applicant

Date

## Privacy note

The information provided by you on this form will be used to establish a recipient and/or address for the purpose of a pay group link for your Medicare benefits cheques. Its collection is authorised by the *Health Insurance Act 1973* and may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs, private health funds or as authorised or required by law.