



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

or email 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	02 9895 3439	NT	08 8922 6322
ACT	02 9895 3439	SA	08 8274 9307
VIC	03 9605 7984	WA	08 9214 8201
QLD	07 3004 5634	TAS	03 6215 5700

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

5 Work phone number

Mobile

Fax

Email

<input type="text"/>
<input type="text" value="@"/>

Provider location address

(where Pay Group Link is required)

6 Provider number (for this location)

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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.