



Application for Remote Area Exemption for "R Type" Diagnostic Imaging Services for a Medical Practice

Important information

A separate application must be lodged for each location for which an exemption is sought. An exemption cannot be backdated before the date the application is received by Medicare Australia and the exemption applies for a maximum of three years. Medicare benefits are not payable unless the applicant is participating in a quality assurance and continuing medical education program.

Your application should be sent to Medicare Australia before your proposed commencement date.

You should not commence billing until Medicare Australia has advised you that your Remote Area Exemption has been approved.

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

Assistance

If you have any questions about this form, call Medicare Australia on **08 8274 9784** (call charges may apply) between 8:30 am and 5:00 pm or email sa.prov.elig@medicareaustralia.gov.au

Lodgement

Send the completed and signed form to:
Medicare Australia
Provider Eligibility Section
PO Box 9822
Adelaide SA 5001

or fax to: **08 8274 9307**

Tick where applicable

Personal contact details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given names

2 Would you like the following information recorded as your preferred contact details with Medicare Australia?

No

Yes

3 Postal address

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

4 Mobile phone number

Fax number

Work phone number

Email address

Details of Remote Area Exemption location

5 Provider number

6 Location Address

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

Eligibility criteria for Remote Area Exemptions

7 What is the nearest radiology facility (hospital or free standing) from the Remote Area Exemption location?

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

8 Distance by road between the above radiology facility and the Remote Area Exemption location?

 km

9 Does a visiting Radiologist provide or can they arrange to provide radiology services in the location where your patients reside?

No **Go to question 10**

Yes Name of Radiologist

Address of Radiologist

Postcode

10 If the services provided by the visiting Radiologist are limited, provide details of the services provided?

11 Do you satisfy State or Territory licensing requirements to provide the radiology services for which you are seeking this exemption?

No

Yes

12 Have you registered with the Australian College of Rural and Remote Medicine Professional Development Program or the Royal Australian College of General Practitioners Quality Assurance and Continuing Medical Education Program?

No

Yes

Declaration

13 I declare that:

- the information on this form is true and correct.

I agree:

- to notify Medicare Australia in writing of any change to circumstances described in this application as soon as possible after it occurs
- to keep records of indications for, and reports of, diagnostic imaging services provided by me in a manner that facilitates retrieval on the basis of the patient's name and date of service, for a period of at least 18 months from the date the service was rendered.

Applicant's signature

Date

Privacy note

The information provided on this form will be used to assess your eligibility for a Remote Area Exemption. The collection of this information 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 and other approved organisations or as authorised or required by law.

Office use only

Delegate of the Chief Executive Officer, on behalf of the Minister for Health and Ageing.

Approved

Not approved

Signature

Remote Area Exemption effective

From / / to / /

Position number