



Request to remove your name from Medicare Australia's list of Recognised Fellows

I request that the CEO of Medicare Australia removes my name from the list of "Recognised Fellows".

I note that the following procedures will apply upon receipt of this advice:

A letter will be sent to the address shown below giving formal notice that my name will be removed from the list of Recognised Fellows held by Medicare Australia and the day on which the removal will occur. Legislation prevents the day of removal being a day less than 14 days after the day on which notice of removal is given. I can continue to use the 'General Practitioner items in the Medicare Benefits Schedule until the date my name is removed from the Recognised Fellows list.

Section 1—Personal details

Title	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>
Family name	<input type="text"/>			First name	<input type="text"/>	
Other given names	<input type="text"/>			Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Gender M/F	<input type="text"/>			Provider number	<input type="text"/>	

Section 2—Provider contact details

For this request only For general mailout purposes

Telephone number (during business hours) <input type="text"/>	Street details <input type="text"/>
Mobile <input type="text"/>	OR Postal details PO Box number <input type="text"/> or GPO Box number <input type="text"/>
Facsimile number <input type="text"/>	Suburb/Locality <input type="text"/>
Pager <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
	Email <input type="text"/>

Section 3—Declaration

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

Signature of applicant Date signed / /

Privacy note: Information provided by you on this form is collected in accordance with section 3G of the *Health Insurance Act 1973* and will be used to authorise the removal of your name from the list of Recognised Fellows for the purposes of the Medicare Program. This information may be disclosed to the Department of Human Services, the Department of Health and Ageing, the Royal Australian College of General Practitioners, Department of Veterans' Affairs, private health funds and other approved organisations or as authorised or required by law.

Section 4—Lodgement details

When completed, please post to:

Medicare Australia Provider Eligibility Section
PO Box 9822 (in your capital city)

OR

Via facsimile to:

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

Please note:

- To be included on the Recognised Fellows list again you need to contact the RACGP to make a formal application.
- You must have fulfilled all outstanding quality assurance and professional development requirements up to the time your name was removed from the list of Recognised Fellows. You should not commence billing 'General Practitioner' items until Medicare Australia has advised you.
- Where applications are faxed, you must retain your original documents for auditing purposes.

Enquiries: Telephone 132 150 8:30am to 5:00pm Monday to Friday) or email medicare.prov@medicareaustralia.gov.au