



## Schedule of optometrists on whose behalf optometrical services are provided by a non participating optometrist

This form is to be completed by a person who:

- is a registered optometrist;
- has not provided the Minister for Health and Ageing with an undertaking in accordance with Section 23B of the *Health Insurance Act 1973*;
- requires Medicare benefits for optometrical services provided to eligible patients; and
- is providing services on behalf of a participating optometrist

**Note:** A Medicare benefit is only payable for a service rendered by a non participating optometrist (i.e. a person who has not signed a 'Common form of undertaking for participating optometrists') if the service was rendered on behalf of a participating optometrist.

I  (name of optometrist)  
of  (mailing address)  
 (email address)

inform Medicare Australia that:

- services I render where a claim for Medicare benefit may be made will only be provided on behalf of the participating optometrist/s listed in Schedule A;
- I will inform Medicare Australia of any changes to the list of participating optometrists shown at Schedule A; and
- I understand failure to provide the information in (a) and (b) above may mean Medicare benefits may not be payable.

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

Signed  Date  /  /

**Privacy Note:** Information provided by you on this form will be used to assess your eligibility as a non-participating optometrist for the purpose of the Medicare program. The collection of this information is authorised by the *Health Insurance Act 1973* and may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs, private health funds and other approved organisations or as authorised or required by law.

### Lodgement details

When completed, please post to:

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

OR

Via facsimile to:

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

### Please note:

- Your application and supporting documentation should be submitted to Medicare Australia as soon as possible prior to your proposed commencement date.
- 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](mailto:medicare.prov@medicareaustralia.gov.au)

# Schedule A

Participating optometrist's name	<input type="text"/>		
Practice address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Participating optometrist's name	<input type="text"/>		
Practice address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
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