



Application for new, renewal or cancellation of an Approved Collection Centre (HW035)

When to use this form

Complete this form to apply for:

- a new Approved Collection Centre (ACC)
- renewal of an ACC
- cancellation of an ACC.

You **must** complete a separate application for each location.

Important information

To be considered for an ACC approval, an eligible Approved Pathology Authority (APA) **must submit this form with the documents and the tax payment, if relevant, as identified in the next column.**

Tax payment

New ACC - \$2,000 for 2 year approval.

Renewal of ACC - \$2,000 for 2 year approval.

If the ACC is co-located with a category GX or GY Accredited Pathology Laboratory, the ACC does not incur a tax payment.

The completed form must be lodged with payment or payment details if paying by Electronic Funds Transfer (EFT). This payment does not attract a Goods and Services Tax (GST).

Refer to the **Payment details** section on page 3 of this form.

Applying online – available from 1 December 2018

You can apply for new, renewal or cancellation of an ACC online by going to Health Professional Online Services (HPOS) at **humanservices.gov.au/hpos**

Your online application can be completed and submitted immediately. HPOS provides a fast, streamlined and secure way to make ACC applications and payments, including renewals, and opening and closing locations.

If you are not able to use HPOS, you can complete this form and return it to us for manual processing.

Lodgement details are contained on page 4 and 5 under **Returning your form**. Consider postage timeframes where applicable.

Documents required for approval

An APA must provide the following documents evidencing the APA's connection to the premises to be used by the ACC

(premises):

- where the APA is a lessee or sub-lessee – a copy of the signed lease or sub-lease for the premises, **or**
- where the lease or sub-lease over the premises has been assigned to the APA – a copy of the signed lease or sub-lease for the premises **and** assignment of lease or sub-lease documentation, **or**
- where the APA is the owner of premises – proof of ownership of the premises (e.g. copy of the rates notice)
- a copy of the floor plan of the premises or, if the premises are part of a larger facility, a copy of the floor plan for that facility which clearly identifies the location of the premises within the larger facility. **The floor plan must clearly identify:**
 - the name of the ACC
 - the physical address of the premises
 - if the premises are used exclusively as an ACC – the area occupied by the premises (m²), **or**
 - if the premises are part of a larger facility:
 - the area to be used exclusively by the ACC and the size of that area (in m²),
 - the area to be used exclusively by other occupants of that facility and the size of that area (in m²),
 - each common area used by the ACC and one or more other occupants of the facility and the size of each of those areas (in m²), **and**
 - the total size of the facility (in m²).
- If a tax payment is required, and the payment is made by EFT, provide a copy of the Remittance Advice with your application.

Note: If your application is as a result of an acquisition or merger of an APA, you are required to provide us with documents evidencing the APA's connection to the premises in which the ACC will be located, and a floor plan, at the time of submitting your application.

Copies of the lease documentation for the ACC premises in the name of the acquiring APA must be provided within 30 days after the new lease arrangement has been made.

For more information

Go to **humanservices.gov.au/medicarepathology** or to locate the **Guidelines for Approved Pathology Collection Centres**, for more information about Pathology Rents and prohibited practice go to **health.gov.au**

If you need assistance completing this form, email **provider.registration@humanservices.gov.au** or call **1300 721 546** Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

You **must** complete a separate application for each location.

Filling in this form

- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Approved Pathology Authority details

1 APA number

2 APA name

3 The authorised contact person must be authorised by the APA to act on their behalf.

Authorised contact person

4 Position held

5 Daytime phone number

Fax number

Email

6 Are you:

Tick ONE only

Applying for a new ACC **Go to 8**

Renewing your ACC **Go to 7**

Cancelling an existing ACC **Go to 31**

New or existing Approved Collection Centre details

7 ACC number

 Go to 11

8 Trading name

9 Physical address of premises to be used as ACC (street address)

 Postcode

10 Proposed start date

11 Is this collection centre co-located with an Accredited Pathology Laboratory (APL), category GX (General), GY (General) or category S (Specialised)?

No

Yes Provide APL number

Collection centres co-located with a category GX or GY APL, do not incur a tax.

12 Are the Premises within or adjacent to a facility occupied by a requester of pathology services or a person connected to a requester of pathology services?

No

Yes

13 The APA is:

Tick ONE only

the Lessee **Go to 16**

the Sublessee **Go to 16**

the Owner **Go to 25**

occupying the premises following an acquisition or merger **Go to 14**

14 The previous APA was:

Tick ONE only

the Lessee

the Sublessee

the Owner

15 Previous APA number

Previous ACC number

Lease or Sublease details

16 Lessor or Sublessor name

17 Postal address for Lessor or Sublessor

 Postcode

18 Lease/Sublease start date

Lease/Sublease end date

19 Does the Lease/Sublease include one or more options to extend?

No **Go to 21**

Yes



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20 Identify the duration of each option to extend

First option


year(s)	month(s)	day(s)
---------	----------	--------

Second option

year(s)	month(s)	day(s)
---------	----------	--------

Third option

year(s)	month(s)	day(s)
---------	----------	--------

 If you need more space, provide a separate sheet with details.

21 Rent per annum for each year of the Lease/Sublease (incl GST), relating to information provided in Question 18.

From date	To date	Rent amount
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$


 If you need more space, provide a separate sheet with details.

22 Is the Rent per annum net of outgoings?

No **Go to 24**
 Yes

23 Identify all outgoings payable by the Lease/Sublease for each year of the Lease/Sublease

Year	Description	Amount per annum
		\$
		\$
		\$

 If you need more space, provide a separate sheet with details.

If amount is unknown estimate what percentage of the Rent per annum should be attributed to outgoings for each year of the Lease/Sublease

Year	Description	Percentage
		%
		%
		%

 If you need more space, provide a separate sheet with details.

24 Is the Lessor/Sublessor a requester of pathology services or a person connected to a requester?

No
 Yes

25 Area of Premises in m² exclusively used by ACC

m ²

26 Include any additional area in m² used by the ACC

m ²

27 Physical address of additional area (floor, level, street address)

Postcode

Payment details

28 A tax payment is required, unless the ACC is co-located with a category GX or GY Accredited Pathology Laboratory (APL). This payment can be made by EFT.

EFT details are as follows:

BSB: 092 009
 Account Number: 120260
 Account Name: DHS Medicare Official Administered Payments Other
 Reference: APA number + ACC number (renewals) or proposed ACC suburb (new)

If you pay by EFT, **include a copy of the Remittance Advice with this form.**

Payment can also be made by cheque or money order.

Enclose a cheque or money order payable to the Department of Human Services (ABN: 75 174 030 967). This payment does not attract a Good and Services Tax (GST).

Send your cheque or money order to:

**Department of Human Services
 Pathology Registration
 GPO Box 9822
 MELBOURNE VIC 3001**

You will not be issued with a receipt unless requested.

If your application is incomplete, your application will be returned and you will be refunded, or your cheque will be returned to you.

Privacy notice

29 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Authorised person's declaration

30 I declare as an authorised representative of the Approved Pathology Authority to which this application for approval relates that:

- the premises comply with the *Guidelines for Approved Pathology Collection Centres*.
- where the collection centre is subject to a lease arrangement with a requester of a pathology service or a person connected to such a requester as defined in Part IIBA of the *Health Insurance Act 1973*, I can demonstrate that charges payable under the arrangement are not substantially different from the market value of the premises.
- where required, I have enclosed a cheque or money order or a copy of the **Remittance Advice**, with this form.
- the information I have provided in this form is complete and correct.

I understand that:

- in accordance with section 7 of the *Health Insurance (Eligible Collection Centres) Approval Principles 2010*, should the premises at any time fail to comply with the *Guidelines for Approved Pathology Collection Centres*, written notice shall be provided to:

**Department of Human Services
Director
Provider Eligibility and Accreditation Section
PO Box 1001
TUGGERANONG DC ACT 2901**

- I need to inform the Australian Government Department of Human Services **within 24 hours** of any failure to comply with the *Guidelines for Approved Pathology Collection Centres* including an explanation of reasons for non compliance.
- giving false or misleading information is a serious offence.

Authorised person's full name

Title/Position held

Authorised person's signature (authorised to sign on behalf of Approved Pathology Authority)

Date

Application checklist

Which of the following forms, documents and other attachments are you providing with this form?

Payment /Remittance	<input type="checkbox"/>
Lease	<input type="checkbox"/>
Floor plan	<input type="checkbox"/>
Proof of ownership	<input type="checkbox"/>

Have all relevant questions been answered and the form signed and dated?

Incomplete applications will not be considered for approval. You will be notified and any payments received will be refunded.

Returning your form

All questions on this application are mandatory. Your application will only be considered for approval if all relevant information is provided.

Check that all required questions are answered and that the form is physically signed and dated.

Upload this form and any support documentation through Health Professional Online Services (HPOS) at humanservices.gov.au/hpos

or

Send the completed form and payment or Remittance Advice to:

**Department of Human Services
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001**

or

Fax: **03 9605 7984**

Cancellation of an Approved Collection Centre (ACC)

The APA is required to advise the department within 14 days of any changes to your ACC, including closures. No documents required.

31 ACC number

32 ACC address

 Postcode

33 ACC closure date

 / /

34 Reason for cancellation of ACC approval

Tick ONE only

No longer in operation

Relocation

APA merger / acquisition

ACC opened in error

Other

Bank account details

35 Provide account details for refund deposit.

Refunds **cannot** be paid via Electronic Funds Transfer (EFT) if the nominated account has restrictions on EFT deposits.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

36 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Authorised person's declaration

37 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's signature (authorised to sign on behalf of Approved Pathology Authority)

Date

 / /

Application checklist

Ensure the form is dated and all relevant information is provided.

Incomplete applications will not be considered for approval and you will be notified.

Returning your form

All questions on this application are mandatory. Your application will only be considered for approval if all relevant information is provided.

Check that all required questions are answered and that the form is physically signed and dated.

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