

s22 - out of scope or irrelevant



## Australian Government

---

## Services Australia

### 90 Day Pay Doctor Cheque Scheme 012-41010000

Currently published version valid from 25/02/2025 1:44 AM

### Background

s22 - out of scope or irrelevant

Under Medicare, when a patient's unpaid or partially paid medical account is lodged for payment, Medicare sends the patient a Pay Doctor Via Claimant (PDVC) Cheque made payable to the medical practitioner. The claimant is responsible for forwarding this cheque to the medical practitioner, together with any outstanding account balance.

### Automatic cheque cancellation

The 90 Day PDC Scheme allows Medicare to automatically cancel cheques made payable to eligible medical practitioners through the claimant when the cheque has not been banked after 90 days. The amount is then paid directly into the medical practitioner's nominated bank account.

### Eligible health professionals

The following groups of medical practitioners are eligible to participate in the 90 Day PDC scheme:

- general practitioners (GPs)
- medical practitioners who have access to Group A1 or A2 items at the requested location under a 3GA placement
- specialists (including radiologists) - must submit claims electronically
- consultant physicians (including pathologists) - must submit claims electronically

### Ineligible health professionals

The following are **not eligible to participate** in the scheme:

- Allied health professionals
- optometrists
- nurse practitioners
- midwives
- dentists

The [Resources](#) page contains a link for health professionals to locate more details.

### Medical practitioner registration enquiries

[Medicare Provider Registration](#) is responsible for the management of GP registrations in the 90 Day PDC Scheme. Escalate enquiries from GPs about their registration in the 90 Day PDC Scheme to this team.

**Note:** all other enquiries must be answered by the Provider line. The Provider Registration team does not answer enquiries about cheque and benefit amounts and do not have the function to issue statements. Service Officers issues statements at the first point of contact.

The [Resources](#) page contains information on accessing enquiry screens for the 90 Day PDC Scheme.

## Applying to participate

General practitioners (GPs) who manually submit unpaid or partially paid patient claims register to participate in the scheme by completing a [General practitioner 90 Day pay doctor cheque scheme application form \(HW074\)](#), and returning to the address details on the form.

Medical practitioners currently using online claiming have previously provided their payment details and are not required to provide more details unless these details have changed. See the [Registration details when automatically eligible or need to manually register for scheme](#) table for a quick reference.

## How payments are made

### Electronic Funds Transfer

Payments for unpaid or partially paid patient claims lodged via an electronic channel are automatically made by Electronic Funds Transfer (EFT) into the bank account nominated for the payment of bulk bill claims against the provider number in the Provider Directory System.

There are no provisions to have different bank account details recorded for 90 day and bulk bill payments.

## Manual cancellations and/or unrepresented cheques

### Manual cheque cancellations

Where a PDVC cheque for a medical practitioner participating in the 90 Day PDC Scheme is manually cancelled, the original cheque is automatically removed from the scheme.

Where the cheque is cancelled and a new cheque issued, and the medical practitioner is a GP, the reissued cheque is flagged as 'eligible' and monitored for another possible 90 days. The cheque issue date is not backdated and the 90 days commence from the new cheque issue date. This does not apply to specialists or consultant physicians. See [Professional registration manual or auto](#) on the Resources page for more details.

**Note:** where the cheque is lost or missing, and there are no changes to the original processing, the cheque should not be cancelled or reissued. Under the 90 Day PDC Scheme the benefit is paid once the 90 day period has passed and the cheque has not been presented.

### Electronically submitted claims

Cheques for electronically submitted claims from GPs not registered for the scheme, or from specialists or consultant physicians (including pathologists) must **not be manually cancelled**. When these cheques are manually cancelled, the reissued cheque is not eligible for the 90 Day PDC Scheme.

For more details see: [Cheque processing in Medicare](#).

### Mixture of electronic claims and manual claims in one PDVC cheque

As long as one claim has been transmitted electronically for a PDVC cheque, the whole cheque is regarded as eligible under the 90 Day PDC Scheme.

### Unrepresented cheques

Where 90 day cheques remain unrepresented on the 91st day after the date of issue, the cheques are automatically cancelled and the payment made by Electronic Funds Transfer (EFT).

### Cheque status

In some circumstances, a practice may ask if a cheque can be banked, for example if cheque is 89 days old. Advise the caller that:

- it generally takes 5 working days to clear a cheque
- most banks charge a dishonour fee if a cheque is cancelled after it is banked

## Bank fees and charges

Eligible cheques are automatically cancelled 90 days after the date of issue.

Services Australia is not liable for any bank fees or charges incurred where a medical practitioner banks a cancelled cheque.

## Changes to specialty codes

Where the eligible medical practitioner changes [specialty codes](#) between the issue of a PDVC cheque and the 90 days, the cheque remains eligible for the 90 Day PDC Scheme.

**Note:** if the medical practitioner is no longer eligible due to the specialty code change, future PDVC cheques will not be eligible for the 90 Day PDC Scheme. When these details are updated in PDS, an end date is automatically added to the registration.

Where a medical practitioner was not eligible for the 90 Day PDC Scheme, changes specialty codes and becomes eligible between the issue of a PDVC cheque plus 90 days, that cheque is not eligible for the scheme.

## Returned mail

Do not cancel a PDVC cheque for a medical practitioner participating in the 90 Day PDC Scheme that has been returned.

**Note:** under no circumstances is a manual EFT payment to be made directly to a medical practitioner as this would be in breach of section 20 of the Health Insurance Act 1973.

## Release of payment information

Only Service Officer within the Provider Registration team have the function to register a medical practitioner in the 90 Day PDC Scheme in PDS. Access include update add and enquiry. Only Provider Registration Service Officer answer enquire regarding 90 Day PDC scheme registration.

Service Centre and telephony staff can provide detail on the progress or status of a claim to the medical practitioner who lodged the claim or a member of their staff. Statement regarding 90 day payment may also be issued.

A paper release of information policies duplicate statement do not require a release of information (ROI) to be submitted. See [Locating and issuing a statement within the 90 Day PDC Scheme](#) about handling duplicate statement requests.

**See also:**

- [Release of information for Medicare](#)
- [Release of claims information in Medicare](#)

## Opting out of the scheme

GPs who manually submit claims and are registered for the scheme may terminate the agreement by giving 14 days written notice to Medicare.

As there is no registration for GPs, specialists and consultant physicians (including pathologists) who transmit unpaid or partially paid claims electronically, there is no facility for them to opt out of the scheme.

## EFT payment failure

An EFT payment cannot be paid into a nominated bank account in either of the following situations:

- incorrect bank account details
- account is closed
- technical failure
- a keying error made by the Service Officer

When an EFT payment fails, a [Government Direct Entry Services \(GDES\) report](#) is produced by the Reserve Bank of Australia, and transmitted to Services Australia with eBusiness actioning the report. When an enquiry is received from the medical practitioner about their EFT payment, refer to [eBusiness](#).

## Report Management and Distribution System (RMDS) reports

### Specialty code change report s47E(d)

If a change is made to a medical practitioner's specialty code within the Provider's PDS file, an end date is automatically entered within the medical practitioner's registration.

The Specialty code change report s47E(d) is generated daily showing the specialty code entered and the P number of the Service Officer who entered the details for follow up purposes. For example, incorrect medical practitioner's details changed.

### Active registered GPMoU participants s47E(d)

The Active registered GPMoU participants s47E(d) is produced on a monthly basis listing the total number of medical practitioners who are actively registered within the GP Registration System.

The report is sorted by state with a 'State Total' and an 'Australian Total' for all registrations.

### Inactive registered GPMoU participants s47E(d)

The Inactive registered GPMoU participants s47E(d) is produced on a monthly basis for the:

- total number of medical practitioners previously registered
- registration has ceased, and
- record has a status of inactive within the GP Registration System

### Failed EFT payment report s47E(d)

The system produces a daily 'Failed EFT payment report' s47E(d) listing the details of failed Electronic Funds Transfer (EFT) payments. An EFT payment is specified as 'failed' when the status of the EFT fail flag for the registration is changed to Y.

This report lists the details of each payment where it was not possible for the benefit amount to be deposited into the medical practitioner's nominated financial institution account.

**Note:** these reports are also available in the s47E(d) . See [Resources](#) for a link.

## Cheque adjustments and the 90 Day PDC Scheme

If a PDVC cheque for a medical practitioner participating in the 90 day PDC Scheme is returned requesting reissue or cancellation due to a change in the original assessment, current cheque adjustment procedures apply.

For a latter day adjustment that results in an underpayment, an additional PDVC cheque for the underpayment amount is issued. This additional cheque is also flagged for the purpose of the 90 Day PDC Scheme.

**Note:** under no circumstances is a manual EFT payment to be made directly to a medical practitioner. This is a breach of section 20 of the Health Insurance Act 1973. The [References](#) page contains a link to legislation.

The [Resources](#) page contains details about:

- medical practitioner registrations
- enquiry screens

It includes links to:

- 90 Day PDC Scheme information page on the Services Australia website
- letters and form
- contact details for Medicare Provider Registration
- s47E(d)

## Related links

[Provider registrations in PDS](#)

[Generate Report Management and Distribution System \(RMDS\) reports in Mainframe](#)

[Perform telephone security check for Medicare health professionals](#)

[Tier 0 technical support - self-sufficiency.](#)

## Process

Under Medicare, when a patient's unpaid or partially paid medical account is lodged for payment, Medicare sends the patient a Pay Doctor Via Claimant (PDVC) Cheque made payable to the medical practitioner. The claimant is responsible for forwarding this cheque to the medical practitioner, together with any outstanding account balance.

### On this page:

[Assessing the registration application](#)

[Process the registration application](#)

[Action when the registration application is an 'Incomplete application'](#)

[End a 90 Day Pay Doctor Cheque Scheme registration](#)

[90 Day PDC Scheme registration history details](#)

[Checking 90 Day cheque payments via mainframe](#)

[Advising medical practitioners and their staff on 90 Day cheque payments via 90 Day Cheque Cancellation System](#)

[Locating and issuing a statement within the 90 Day PDC Scheme](#)

## Assessing the registration application

Table 1

Step	Action
1	<p><b>Check the application form</b> + Read more</p> <p>Check the form En ure</p> <ul style="list-style-type: none"> <li>all field are complete including <ul style="list-style-type: none"> <li>bank account detail</li> <li>details of each practice location to be include in the scheme, and</li> <li>doctor's signature</li> </ul> </li> </ul> <p>If more than one medical practitioner is listed on the application or if any fields are incomplete, prepare either the:</p> <ul style="list-style-type: none"> <li>s47E(d)<a href="#">Provider Registration - Reject</a>, or</li> <li>s47E(d)<a href="#">Provider Registration - We need more information</a></li> </ul> <p>Go to <a href="#">Table 3</a>.</p> <p><b>Note:</b> previous version application forms require a witness signature to be present.</p>
2	<p><b>Confirm medical practitioner details on PDS</b> + Read more ...</p> <p>Open PDS:</p> <p>s47E(d)</p> <ul style="list-style-type: none"> <li><b>Yes</b>, <a href="#">go to Step 3</a></li> <li><b>No</b>, see <a href="#">Step1 in Table 3</a></li> </ul>
3	<p><b>Check speciality code on PDS</b> + Read more ...</p> <p>To view the Specialty Codes for the medical practitioner, scroll to the bottom of the <b>Provider Stem</b> record.</p> <p><b>Note:</b> only medical practitioners with access to Medicare Benefits are eligible for the 90 Day PDC Scheme. If a medical practitioner is <b>not eligible</b>, complete the <a href="#">Provider Registration Reject s47E(d) etter</a>. See <a href="#">Step 1 in Table 3</a> to return the application.</p> <p>Determine the medical practitioner's eligibility using the following details:</p> <ul style="list-style-type: none"> <li>If the medical practitioner is an unrestricted medical practitioner, see <a href="#">Step 1 in Table 2</a></li> <li>If the medical practitioner is a specialist or an allied health professional, <a href="#">go to Step 4</a></li> <li>If the medical practitioner is subject to restrictions under 19AA and/or 19AB, <a href="#">go to Step 5</a></li> </ul>

4	<p><b>Specialists and Allied Health providers</b> + Read more ...</p> <p>Complete the <a href="#">Provider Registration Reject</a><sup>s47E(d)</sup> letter, if the medical practitioner is registered as:</p> <ul style="list-style-type: none"> <li>• a specialist</li> <li>• a consultant physician</li> <li>• a pathologist, or</li> <li>• an Allied Health Professional</li> </ul> <p>See <a href="#">Step 1 in Table 3</a> to return to the application.</p> <p><b>Note:</b> a medical practitioner registered as a specialist, consultant physician or pathologist, must submit claims electronically and are automatically registered on the scheme.</p>
5	<p><b>Checking locations</b> + Read more</p> <p>Return to PDS</p> <ul style="list-style-type: none"> <li>• select the medical practitioner item (for example 123456) for a list of all issued provider number location</li> <li>• check existing location against the application</li> <li>• ensure the medical practitioner' provider number and address on the application match PDS<sup>s47E(d)</sup></li> </ul> <p><b>Does the specialty code listed on the item or location show the medical practitioner has access to Medicare Benefits?</b></p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, if specialty codes listed indicate the medical practitioner has access to Medicare Benefits. Take note of the start date. See <a href="#">Step 1 in Table 2</a></li> <li>• <b>No</b>: <ul style="list-style-type: none"> <li>◦ if specialty codes listed indicates 'Medical practitioner <b>does not</b> have access to Medicare Benefits', return using <a href="#">Provider Registration - Reject</a><sup>s47E(d)</sup></li> <li>◦ if there is no provider number issued for the address quoted on the form, return using <a href="#">Provider Registration- We need more information</a><sup>s47E(d)</sup> See <a href="#">Step 1 in Table 3</a> to return the application</li> </ul> </li> </ul>

## Process the registration application

Table 2

Step	Action
1	<p><b>Check bank account details on PDS</b> + Read more ...</p> <p><sup>s47E(d)</sup></p> <ul style="list-style-type: none"> <li>• If the bank details on application match PDS, <a href="#">go to Step 4</a></li> <li>• If the bank details on application do <b>not</b> match PDS, <a href="#">go to Step 2</a></li> <li>• If there are no bank details recorded on PDS: <ul style="list-style-type: none"> <li>◦ see the <a href="#">Register EFT payments</a> table, then</li> <li>◦ <a href="#">go to Step 4</a></li> </ul> </li> </ul>
2	<p><b>Update bank account details on PDS</b> + Read more ...</p> <p><sup>s47E(d)</sup></p>

	s47E(d)
3	<p><b>Checking details on PDS</b> + Read more</p> <p>Open PDS</p> <p>s47E(d)</p> <p><b>Complete updates as needed</b></p> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>• <b>No existing registration</b> - if no existing 90 day registration is found, <a href="#">go to Step 5</a></li> </ul>
4	<p><b>Update PDS</b> + Read more ...</p> <p>Check the provider number address on PDS matches the address details provided on the 90 Day application form.</p> <p>s47E(d)</p> <p>Using PaNDA, ensure:</p> <ul style="list-style-type: none"> <li>• Surname, First Name, Provider Number and Case ID fields are complete and correct</li> <li>• Add a note to PaNDA of actions. For example, 90Day Cheque registration processed NFA</li> </ul> <p>s47E(d)</p>

## Action when the registration application is an 'Incomplete application'

Table 3

Step	Action
1	<p><b>Assessed as an Incomplete application</b> + Read more ...</p> <p>When an application is assessed as incomplete, return to the medical practitioner.</p> <p>Complete either letter:</p>

	<ul style="list-style-type: none"> <li>• s47E(d) <a href="#">Provider Registration we need more information</a></li> <li>• s47E(d) <a href="#">Provider Registration Reject</a></li> </ul>
2	<p><b>Print application and return</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• Upload the letter to the application in PaNDA</li> <li>• Ensure that the Surname First name, Provider Number and Case ID fields are complete and correct</li> <li>• Print the letter and the application and send to the provider</li> <li>• Add any appropriate notes to the PaNDA file</li> </ul> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>• Send via Australia Post mail</li> </ul>

## End a 90 Day Pay Doctor Cheque Scheme registration

Table 4

Step	Action
1	<p><b>Ending a registration</b> + Read more ...</p> <p>A registration can end:</p> <ul style="list-style-type: none"> <li>• as requested by a GP, or</li> <li>• automatically when a speciality code is entered outside the GP range. Ending or changing from a GP to another speciality will deem a registration invalid</li> </ul> <p>Written notification is required to cancel one or all registered medical practitioner provider number locations.</p>
2	<p><b>Logon to PDS</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• Logon to PDS</li> </ul> <p>s47E(d)</p>
3	<p><b>Access</b> s47E(d) <b>screen</b> + Read more ...</p> <p>s47E(d)</p>
4	<p><b>Registration details</b> + Read more ...</p> <p>s47E(d)</p> <p>The details for the medical practitioner will display.</p>
5	<p><b>Validate</b> + Read more ...</p> <p>s47E(d)</p> <p><b>Note:</b> the GP can choose to 'opt out' in the future and can nominate a specific date. If no date is indicated, the date the written notification is received will be taken as the 'opt out' date.</p>
6	<p><b>Save information</b> + Read more ...</p>



## Table 5

Table 6

Step	Action
1	<p><b>Cheque details screen</b> + Read more ...</p> <p>Where 90 day cheques remain unpresented on the 91st day after the date of issue, the cheques are automatically cancelled and the payment made by Electronic Funds Transfer (EFT). Payment progress can be checked via:</p> <p>s47E(d)</p>
2	<p><b>Security check and information required</b> + Read more ...</p> <p>s47E(d)</p> <p><b>Note:</b></p>

	s47E(d)
3	<p><b>Check issue date</b> + Read more</p> <p>If the cheque i ue date i</p> <ul style="list-style-type: none"> <li>• <b>less</b> than 5 month <a href="#">go to Step 4</a></li> <li>• <b>more</b> than 5 month <a href="#">go to Step 9</a></li> </ul>
4	<p><b>Cheque issue less than 5 months</b> + Read more ...</p> <p>s47E(d)</p>
5	<p><b>Swap screens in Mainframe</b> + Read more ...</p> <p>s47E(d)</p>
6	<p><b>Select the patient</b> + Read more ...</p> <p>s47E(d)</p>
7	<p><b>Patient history</b> + Read more ...</p> <p>s47E(d)</p>
8	<p><b>Cheque is located</b> + Read more ...</p>

	<p>Advise the medical practitioner or the medical practitioner's staff of the following details:</p> <ul style="list-style-type: none"> <li>• patient name</li> <li>• date of service</li> <li>• cheque amount</li> </ul> <p>Procedure ends here.</p>
9	<p><b>Cheque issue more than 5 months ago</b> + Read more</p> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>• seek on site assistance or</li> <li>• <a href="#">contact Local Peer Support (LPS)</a>.</li> </ul>

## Advising medical practitioners and their staff on 90 Day cheque payments via 90 Day Cheque Cancellation System

Table 7

Step	Action
1	<p><b>Navigate to eBusiness Gateway</b> + Read more ...</p> <p>s47E(d)</p>
2	<p><b>Enter logon details</b> + Read more ...</p> <p>s47E(d)</p>
3	<p><b>Request statement reference number</b> + Read more ...</p> <p>Ask the caller for the complete statement reference number (MC number) of the Electronic Funds Transfer (EFT) deposit they are enquiring about.</p> <p>For example, <b>MC number details</b> MC123456789N021014.</p>
4	<p><b>Key statement details</b> + Read more ...</p> <p>s47E(d)</p>
5	<p><b>Advise caller</b> + Read more ...</p> <p>Via phone, provide:</p> <ul style="list-style-type: none"> <li>• patient name</li> <li>• date of service</li> </ul>

- cheque amount

Item number can also be advised if asked by the medical practitioner or their staff.

Medicare card numbers are not supplied as per the agency's policy and can be obtained by the medical practitioner and their staff via HPOS.

## Locating and issuing a statement within the 90 Day PDC Scheme

Table 8

Step	Action
1	<p><b>Navigate to eBusiness Gateway</b> + Read more ...</p> <p>s47E(d)</p>
2	<p><b>Enter logon details</b> + Read more ...</p> <p>s47E(d)</p>
3	<p><b>Request statement reference number</b> + Read more ...</p> <p>Ask the caller for the complete statement reference number of the Electronic Funds Transfer (EFT) deposit they are enquiring about. See <a href="#">Step 2 Table 6</a> for more details about the reference number.</p>
4	<p><b>Code statement details</b> + Read more ...</p> <p>s47E(d)</p> <p><b>Further action:</b></p> <ul style="list-style-type: none"> <li>• to <b>confirm an address</b>, <a href="#">go to Step 5</a></li> <li>• to <b>issue a duplicate statement</b>, <a href="#">go to Step 6</a></li> </ul>
5	<p><b>Confirm address</b> + Read more ...</p> <p>Confirm the address in the <b>CURRENT STATEMENT MAILING ADDRESS</b> field.</p> <p>If the address is <b>correct</b>, <a href="#">go to Step 6</a>.</p> <p>For a <b>minor difference in address</b> like suite/unit/floor/level of same street address:</p> <ul style="list-style-type: none"> <li>• conduct a consult call to Medicare Provider Registration T2</li> <li>• advise the provider: <ul style="list-style-type: none"> <li>◦ the address update requires overnight processing</li> <li>◦ to call back the following day to request issuing the statement to the amended address</li> </ul> </li> <li>• remain on the call while the required updates are made</li> </ul>

	<ul style="list-style-type: none"> <li>the <b>Provider Registration Service Officer</b> is to: <ul style="list-style-type: none"> <li>confirm the provider's date of birth as per <a href="#">Perform telephone security check for Medicare health professionals</a></li> <li>make the required updates in line with current procedure</li> <li>return the call to the general layer service officer to finalise the call</li> </ul> </li> </ul> <p>For a <b>major difference in address</b>:</p> <ul style="list-style-type: none"> <li>advise the caller the statement is unable to be sent to an alternate address</li> <li>procedure ends here</li> </ul>
6	<p><b>Duplicate statement request</b> + Read more ...</p> <p>When a duplicate statement is request advise the caller:</p> <ul style="list-style-type: none"> <li>a duplicate statement can be issued</li> <li>statements are printed weekly</li> </ul> <p>To print statements:</p> <p>s47E(d)</p>
7	<p><b>Advise caller</b> + Read more</p> <p>Advise the duplicate statement will be printed in the next weekly print run and posted to their mailing address</p> <p><b>Note</b> where the practice ask for a copy of the statement immediately advise the detail over the phone or send a fax</p> <p>Via phone provide</p> <ul style="list-style-type: none"> <li>patient name</li> <li>date of service</li> <li>cheque amount</li> </ul> <p>Via fax:</p> <ul style="list-style-type: none"> <li>Print screen(s)</li> </ul> <p><b>Note:</b> as these often contain other medical practitioner's or patient's details, the information <b>must be</b> edited so there are no privacy breaches. The information provided should only be relevant to the payment enquired about.</p> <p>s47E(d)</p> <p>Print the statement and send it to the practice via facsimile.</p>

## References

## Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

[Health Insurance Act 1973](#)

The following are the relevant section of the legislation for the 90 Day Pay Doctor Cheque Scheme:

- section 20(2), Where a person to whom a Medicare benefit is payable under subsection (1) in respect of a professional service has not paid the medical expenses
- section 20(3) for information on PDVC cheques that have not been presented for payment during the 90 day period from the cheque issue date to be paid directly to the general practitioner, specialist or consultant physician

- section 20(5) for the direct payment via electronic transmission to the bank account of the general practitioner, specialist or consultant physician, see section 20(5) Without limiting subsection (3), an amount may be paid
- section 20 (6) for information on the 90 Day Pay Doctor Cheque Scheme only applies to services provided by specialists and consultant physicians where the original Medicare claim is submitted electronically
  - subsections (3) to (5) do not apply in relation to a professional service rendered by or on behalf of a specialist

## Resources

### Professional registration, manual or auto

Under the 90 Day Pay Doctor Cheque Scheme Medicare will automatically cancel cheque made payable to eligible medical practitioner through the claimant when the cheque has not been banked after 90 days. The amount is then paid directly into the medical practitioner nominated bank account.

### Registration details when automatically eligible or need to manually register for scheme

Table 1 this table provides information on when a general practitioner, specialist, consultant physician and pathologist need to register for the 90 Day Pay Doctor Cheque Scheme when lodging claim electronically or manually.

Eligible medical practitioner	Lodge claims electronically	Lodge claims manually	Need to register for scheme	Automatically eligible for scheme
General practitioner	No	Yes	Yes	No
General practitioner	Yes	No	No	Yes
Specialist, consultant physician, pathologist, radiologist	Yes	No	No	Yes
Specialist, consultant physician, pathologist, radiologist	No	Not eligible	No	No

### Access enquiry screens

### Screens to access when investigating progress of a payment

Table 2

To access the...	Action
s47E(d)	s47E(d)  <b>Note:</b> for more modifiers, see <a href="#">Indicators, codes, modifiers and control lines for claims processing in Medicare</a>
s47E(d)	s47E(d)
s47E(d)	s47E(d)
s47E(d)	s47E(d)

## Payment on enquiry screens

Always check for a CLID line. If a CLID line is present, the cheque will be automatically cancelled and paid into the health professional's bank account on the 91st day.

## Status of payments on the enquiry screens

Table 3

Enquiry screen	Message	Field	Cheque cancelled and
s47E(d)	s47E(d)	s47E(d)	Successful Electronic Funds Transfer (EFT) payment made.
s47E(d)	s47E(d)	s47E(d)	EFT payment <b>not</b> made.
s47E(d)	s47E(d)	s47E(d)	Successful EFT payment made. <b>Note:</b> the date the Reserve Bank of Australia (RBA) actioned the EFT payment is displayed in the s47E(d) field.
s47E(d)	s47E(d)	s47E(d)	EFT payment <b>not</b> made <b>Note</b> the date the RBA actioned the EFT payment in the s47E(d) field
s47E(d)	s47E(d)	s47E(d)	Successful EFT payment made.
s47E(d)	s47E(d)	s47E(d)	EFT payment <b>not</b> made.

\* If the status shows s47E(d) the health professional will need to contact the Provider Line.

## Forms

[General practitioner 90 Day pay doctor cheque scheme application form \(HW074\).](#)

## Letters

Services Australia has endorsed the letter or electronic message for use. It is the latest version. Do not use locally produced letters or electronic message.

s47E(d) - [Provider Registration - Reject](#) s47E(d)

s47E(d) - [Provider Registration - we need more information](#) s47E(d)

## Adobe Professional task card

A link to the [Adobe Professional task card for merging PDF files](#) can be found under the headings of 'Medicare Provider Services (MPS) task cards' (Electronic Workflow - Merging Files in Adobe.pdf) **and** under 'Eligibility task cards' (Adobe - Merging Files.pdf).

## Contact details

[Medicare Provider Registration](#)

## Services Australia website

[90 Day Pay Doctor Cheque Scheme](#)

## s47E(d) Document Management System link

s47E(d)

Link to get Radiation

Oncology reports generated for public and private hospitals. Users can now access this site from CDE workstations.