Australian Government
Services Australia

medicare

Application for bulk bill claim adjustment (DB018)

When to use this form

Use this form when applying for a bulk bill claim adjustment for assigned Medicare benefits where the original date of service is **less than 2 years** old.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals** or call 132 150 Monday to Friday, 8:30 am to 5 pm Australian Eastern Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Returning this form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form and any supporting documents by **post** to

Services Australia
Medicare Bulk Bill Team
GPO Box 9822
In your capital city

Adjustment type – Tick one only

☐ **Omitted bulk bill incentive or Patient Episode Initiation (PEI) item(s)** – original claim **less than 2 years** from date of service

A printed copy of a spreadsheet must be included outlining patient details (for example, full name, Medicare card number and reference number), original date of service, servicing and payee provider details, item number(s), benefit assigned and claim ID(s).

☐ **Adjustment to previously paid claim(s)** – original claim **less than 2 years** from date of service

You must provide the original claim details and a new Assignment of benefit form signed by the patient for any adjustment to previously paid claim(s).

Number of Assignment of benefit forms included with this application

☐ **Deletion of previously paid claim(s)** – original claim(s) **less than 2 years** from the date of service

Previously paid claims with the wrong provider number or referral details must be deleted and reclaimed.

Provider details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

2 Practice address

Postcode

Postal address (if different to above)

Postcode

3 Provider number

4 Location ID or Minor ID

5 Original claim number or Easyclaim transaction ID

6 Original date of claim (DD MM YYYY)

7 Services provided

☐ In-hospital
☐ Out-of-hospital

You must indicate the type of services provided on the Assignment of benefit forms. Claims for in-hospital and out-of-hospital services must be made and managed separately.

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Payee provider

Only complete this section if the payment is to be made to a provider other than the service provider.

8 Name of health professional

9 Provider number

Reason for bulk bill claim adjustment

Give details why the bulk bill incentive or PEI item(s) were omitted from the original claim or why the correct item number(s) or other claim details were not originally claimed. A reason why Services Australia should process the adjustment(s) must also be included.

10 Reason(s) for bulk bill claim adjustment

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

Privacy notice

11 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

12 **I declare that**:

- I claim Medicare benefits for the professional services specified in the attached assignment forms or on the attached spreadsheet (bulk bill incentive or Patient Episode Initiation items only)
- the services were rendered by me or on my behalf
- to the best of my knowledge and belief, the assignors who were eligible to receive Medicare benefits in relation to the services are entitled to make an assignment under:
  - Section 20A of the *Health Insurance Act 1973*, or
  - Section 12 of the *Dental Benefits Act 2008*
- for claims made under the *Health Insurance Act 1973*, the assignor has agreed to assign their right to benefit using a document that complied with requirements outlined in the Health Insurance Regulations 2018, completed in paper or digital form
- for claims made under the *Dental Benefits Act 2008*, the assignor has agreed to assign their right to benefit by signing the approved assignment form to retain
- I will keep a copy of the completed assignment agreement as evidence for a minimum of 2 years from the date of this claim. If requested by the assignor, I will provide them a copy of the agreement
- I accept the assignments in this claim
- no payments have been sought from any person for the professional services specified in this claim
- none of the amounts claimed are:
  - services provided to a public hospital patient in a public hospital
  - services provided for a mass immunisation, in connection with the patient's employment or in carrying out a health screening (other than by providers approved by the Minister for Health, Disability and Ageing)
  - a medical examination for the purposes of life insurance, superannuation or provident account scheme or admission to membership of a friendly society
  - precluded from a benefit by any provision of the *Health Insurance Act 1973* or the *Dental Benefits Act 2008*
- the information I have provided in this form is complete and correct.

I understand that:

- giving of false or misleading information is a serious offence.

Provider's full name

Provider's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Reset form