

Simplified Billing Manual Claims batch header (HW091)

When to use this form

Private health insurers and approved billing agents should use this form when they are unable to electronically transmit a simplified billing claim.

This form is an approved form under subsection 20B(2)(a) of the *Health Insurance Act 1973*.

Important information

A maximum of 50 service lines can be included per batch header.

1 item = 2 service lines if referral or request details are included

You **must** answer all questions on this form.

For more information

For more information about Simplified Billing and ECLIPSE, go to servicesaustralia.gov.au/simplifiedbilling

For all other enquiries, call **1300 130 043** Monday to Friday, 8:30 am to 5 pm, local 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.

Claim details

1 Private health insurer or approved billing agent name

2 Minor ID or registration number

3 Date of claim (DD MM YYYY)

4 Claim number

5 Read this before answering the following question.

You **must** tick the applicable assignment pathway. This means the provider has satisfied the requirements for the Medicare benefit to be assigned by the assignor to a private health insurer or billing agent. This can be through an insurer arrangement (implied) or a request to assign the benefit (requested).

Implied

Requested

6 Reason for manual process

Sender's details

7 Authorised contact person's full name

Position held

Contact phone number

Privacy notice

8 The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. 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

Sender's declaration

9 I declare that:

- I am the authorised contact person on behalf of the private health insurer or approved billing agent
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your full name

Your signature

Date (DD MM YYYY)

Returning this form

Return the completed form with the original invoice or accounts by email to mps.assessing@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.