Australian Government
Services Australia

medicare

Simplified Billing or ECLIPSE adjustment claim (HW023)

When to use this form

Use this form if you are a health professional, private health insurer or approved billing agent, and need an adjustment to a previously processed claim (for example, new or amended information).

Only use this form where you have submitted a Simplified Billing or ECLIPSE claim under Schemes (SC), Agreement (AG), Billing Agent Medicare and private health insurer (MB) or Billing Agent Medicare only (MO) arrangements.

You can only submit claims with the same original claim details.

You must complete a separate form for each claim for which adjustments are required.

Adjustments

Adjustments of the original assessment may include:

- changing service details that were included
- adding services that were omitted.

Omitted services must be from the original assessment, where they form part of a multi-procedure (for example, derived fee services, diagnostic multiple services rule or relative value guide for anaesthetic).

If the payment of an omitted or rejected service does not depend on the assessment of previous service, the service must be resubmitted in a new claim.

Important information

We will process your claim and:

- a statement of benefit will be forwarded by secure messaging in a CSV file when the claim is processed
- if the claim results in an underpayment, the benefit will be paid through electronic funds transfer to the private health insurer or approved billing agent
- if the claim results in an overpayment, the statement of benefit will show details of the adjustment and include the amount of overpayment. We will invoice private health insurers and approved billing agents for overpayments
- details of each patient adjustment will be shown on the statement of benefit for the adjustment claim.

This form is an approved form under subsection 20B(1)(a) of the *Health Insurance Act 1973*.

For more information

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.

Returning this form

Health professionals – forward to the private health insurer or approved billing agent.

Private health insurers and approved billing agents – return this form with the amended and endorsed 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.

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.

Check that you have answered all the required questions when you return this form. If the application is not complete, it will be returned and you will need to re-apply.

Applicant's details

1 You are a: **Tick one only**

health professional ☐
private health insurer representative ☐
approved billing agent representative ☐

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

Family name

First given name

Organisation name

Position held

Business phone number (including area code)

MCA0HW023 2609

Patient's details originally submitted

3 Medicare card number

Ref no.

4 Patient's full name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Provider number

Provider name

6 Reason for adjustment

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

Provide amended and endorsed invoices or accounts.

Privacy notice

7 The privacy and security of your personal information is important to us, and is protected by law. We 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**

Health professional's declaration

Only complete this section if you are the health professional completing the form.

8 **I declare that**:

- I am the health professional who performed the services to the patient nominated
- I have provided amended and endorsed invoices or accounts
- this form will be forwarded to the private health insurer or billing agent for action
- 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

On completion, print and sign by hand.

Date (DD MM YYYY)

Private health insurer or approved billing agent details and declaration

9 Private health insurer or approved billing agent name

Minor ID or registration number

Business phone number (including area code)

10 Original claim ID (if submitted through ECLIPSE, the ID comprises of 5 numerals and % symbol)

Original date of lodgement (DD MM YYYY)

Adjustment claim ID (private health insurer or billing agent to allocate with required alpha)

11 **I declare that**:

- I am an authorised representative on behalf of the private health insurer or approved billing agent.

I understand that:

- giving false or misleading information is a serious offence.

Your full name

Your signature On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Reset form