Australian Government
Services Australia

medicare

Request for pay group link (HW078)

When to use this form

Medicare benefit cheques are made payable to the provider at their location address. A pay group link enables a provider to have Medicare benefit cheques made payable to another payee associated with the practice or another address. Cheques can be sent to the requested pay group link from the date the application has been processed.

Your application should be submitted to Services Australia as soon as possible prior to your proposed commencement date of the pay group arrangements.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

For assistance completing this form, call 1300 302 122 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.

Applicant's details

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

Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Your gender

Male ☐
Female ☐
Non-binary ☐

4 Postal address

Postcode

5 Daytime phone number (including area code)

Mobile number

Fax number (including area code)

Email

6 Is the information above your preferred contact details?

No ☐
Yes ☐

Provider location address

The provider location address is where the pay group link is required.

7 Provider number (for this location)

8 Practice name

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb or town

State Postcode

MCA0HW078 2609

Business type

9 Indicate the appropriate category for your business.

- Associateship ☐
- Company ☐
- Government ☐
- Hospital ☐
- Indigenous ☐
- Other ☐ Give details

- Joint venture ☐
- Natural person ☐
- Partnership ☐
- Sole trader ☐

Requested payee

10 Requested payee (if different to applicant)

11 Address of requested payee (for mailing payment)

Postcode

Where the payee is a third party, the payee (or person properly authorised in the case of a body corporate or other entity) must agree to the arrangement by signing below.

12 Requested payee's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

When a pay group link to a third party is cancelled by the provider, the third party will be advised of the cancellation. Any claims processed after this date will be payable to the 'payee' recorded at the time the claim is processed.

Privacy notice

13 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**

Declaration

14 **I declare that**:

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

I undertake:

- to immediately notify my pay group or third party payee of any current or future notice(s) issued on Services Australia to garnish or intercept payments due to me or my provider number.

I understand that:

- giving false or misleading information is a serious offence.

Signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

Check that you have answered all the required questions and the form is signed and dated.

Return this form and any supporting documents by:

- **post** to
  Services Australia
  Provider Registration Section
  GPO Box 9822
  In your capital city
- fax to 02 6122 9739

If you fax this form, you must keep the original for auditing purposes.

Reset form