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

For more information about bulk bill claim adjustments, go to **servicesaustralia.gov.au/healthprofessionals** or call **132 150** Monday to Friday, 8:30 am to 5 pm Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

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

Returning this form

Check that all required questions are answered.

Return this form and any supporting documents:

- **by post** to:
  Services Australia
  Medicare Bulk Bill Team
  GPO Box 9822
  In your capital city

Indicate adjustment type

☐ **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 and item number(s) to be paid.

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

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

Number of Assignment of benefit form(s) included with this application

Provider details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

2 Practice address

Postcode

Postal address (if different to above)

Postcode

3 Provider number

4 Location ID/Minor ID

5 Original claim number/Easyclaim transaction ID

6 Original date of claim

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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.

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 Patient Episode Initiation (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

12 Your 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/privacy**

Declaration

13 I claim Medicare benefits for the professional services (the services) specified in the attached Assignment forms.

I declare that:

- the services were rendered by me or on my behalf
- the persons who were eligible to receive Medicare benefits in relation to the services assigned their benefits to me and to the best of my knowledge and belief they were entitled to make these assignments either under 20A of the *Health Insurance Act 1973* or under subsection 12(2) of the *Dental Benefits Act 2008*
- copies of Assignment forms were given to the persons who assigned the benefits to me after the assignments were made
- I accept the assignments of these benefits
- no other payments have been sought from any person in respect of the services
- none of the services were:
  - rendered to:
    - **if services were provided in hospital** - an in-patient of a hospital or approved day hospital facility, or
    - **if services were provided out of hospital** - a hospital patient in a recognised (public) hospital
  - rendered in carrying out a mass immunisation
  - rendered in connection with the patient's employment or in carrying out health screening (other than by providers approved by the Minister for Health)
  - rendered as a medical examination for the purposes of Life Insurance, a Superannuation or Provident Account Scheme or admission to membership of a Friendly Society, or
  - to the best of my knowledge and belief is precluded from attracting a Medicare benefit by any provision of the *Health Insurance Act 1973* or the *Dental Benefits Act 2008*
- to the best of my knowledge and belief all information in this claim is true.

I authorise:

- Services Australia to pay the Medicare benefits for this claim to the health professional specified in question 8 at or from whose practice the services were rendered.

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

✍

Date

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