



Request for Pay Group Link

Purpose of this form

Medicare benefit cheques are usually 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 and/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

For more information, go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form call **132 150** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗

Returning your form

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

Send the completed form to:

**Services Australia
Provider Registration
GPO Box 9822**
in your capital city

or

Fax:

NSW/ACT	02 9895 3439	WA	08 9214 8201
VIC/NT	03 9605 7984	SA	08 8274 9307
TAS	03 6215 5700	QLD	07 3004 5634

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

Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Date of birth

3 Your gender

Male

Female

4 Postal address

.....
Postcode

5 Daytime phone number

Mobile number

Fax number

Email

.....
@

6 The information above is my 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 or building

Property or Department

Unit Suite Shop Floor number

Street number

Street name

Suburb

State

Postcode

Business type

9 Indicate the appropriate category for your business.

Associateship

Joint venture

Company

Natural person

Government

Partnership

Hospital

Sole trader

Indigenous

Other

Give details

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

Date

The Services Australia policy concerning pay group links is that where a pay group to a third party is terminated by the provider, the third party will be routinely advised of the termination. After the date a pay group link is terminated any outstanding claims processed 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 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/privacy

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 and/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

Date