

Additional practice location 1 details

8 Provide additional practice location 1 details

Practice location 1

Provider number
<input type="text"/>
Practice name
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Practice contact person
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Family name
<input type="text"/>
First given name
<input type="text"/>
Daytime phone number
(<input type="text"/>) <input type="text"/>
Email
<input type="text"/>
<input type="text"/>
@

Additional practice location 1 bank account details

9 Provide bank account details for additional practice location 1

Practice location 1

All payments are made through Electronic Funds Transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.
Name of bank, building society or credit union
<input type="text"/>
Branch where the account is held
<input type="text"/>
Branch number (BSB)
<input type="text"/>
Account number (this may not be the card number)
<input type="text"/>
Account held in the name(s) of
<input type="text"/>
<input type="text"/>

Additional practice location 2 details

10 Provide additional practice location 2 details

Practice location 2

Provider number
<input type="text"/>
Practice name
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Practice contact person
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Family name
<input type="text"/>
First given name
<input type="text"/>
Daytime phone number
(<input type="text"/>) <input type="text"/>
Email
<input type="text"/>
<input type="text"/>
@

Additional practice location 2 bank account details

11 Provide bank account details for additional practice location 2

Practice location 2

All payments are made through Electronic Funds Transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.
Name of bank, building society or credit union
<input type="text"/>
Branch where the account is held
<input type="text"/>
Branch number (BSB)
<input type="text"/>
Account number (this may not be the card number)
<input type="text"/>
Account held in the name(s) of
<input type="text"/>
<input type="text"/>



If you would like to register more than 2 practice locations, attach a separate sheet with details.

Terms and conditions

- 12** The following terms and conditions form the basis of participation in the General Practitioner 90 Day Pay Doctor Cheque Scheme (the Scheme).

Registration

1. Upon accepting the application, the Australian Government Department of Human Services agrees to register the applicant at the location(s) specified in the application. If for any reason the Department of Human Services cannot register the applicant, the Department of Human Services agrees to advise the applicant of the reason why registration cannot be effected. The Department of Human Services will provide this information either by written correspondence, phone, fax or email.
2. The date the general practitioner is registered by the Department of Human Services will be recognised as the commencement date. This date will be deemed to be the start date of participation in the Scheme unless the applicant stipulates a date in the future. All cheques issued from this date will be eligible for cancellation if they remain unrepresented after 90 days.
3. If the applicant's right to participate in the Scheme is ended for any reason other than when a practice location is closed, those Medicare benefit cheques issued during the time of participation in the Scheme will no longer be eligible to be cancelled, and no further Electronic Funds Transfer (EFT) payment will be made after the date on which the application ceases.
4. If the applicant's specialty changes and the provider is no longer considered to be a general practitioner, the right to participate in this Scheme will be ended by the Department of Human Services from the commencement of that specialty change.

Provision of information

5. The applicant agrees to provide all information requested by the Department of Human Services and to cooperate with the confirmation of registration details when and if requested by the Department of Human Services.
6. The applicant understands that the nominated bank account details for the location on this application form will be used by the department to deposit all Medicare and DVA payments for services rendered at this location, and where Pay Doctor via Claimant cheques have not been presented after 90 days – the General Practitioner 90 Day Pay Doctor Cheque Scheme.
7. The applicant agrees to the release of bank account information to the Reserve Bank of Australia by the Department of Human Services to enable the payment of Medicare benefits to occur via EFT.

Notification of process

8. The Department of Human Services will advise the general practitioner of any difficulty in transferring funds to the nominated bank account.
9. Applicable service details will be provided to the general practitioner in the form of a Statement of Benefit for those cheques cancelled and EFT payments successfully made under the Scheme.

Applicant's other obligations

10. The applicant understands that the Department of Human Services will not be held liable for any bank fee or charges incurred where the applicant presents a cheque, 90 days or more after the issue date and that cheque incurs a dishonour fee.
11. The applicant agrees that any decision by the Commonwealth or the Department of Human Services to cease the Scheme will not result in any right to a claim for any loss or damage against either the Commonwealth or the Department of Human Services.

Varying or ending the agreement

12. The applicant may terminate this agreement by giving 14 days written notice to the Department of Human Services. The notice may be sent to the address provided on page 1 of this application form.
13. The Department of Human Services may at any time vary, limit or terminate the applicant's right to participate in the Scheme for any reason. The applicant will be advised in writing of any changes to their participation.

Privacy notice

- 13** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

14 I declare that:

- I am a registered general practitioner entitled to provide professional services as defined in the *Health Insurance Act 1973*.
- I wish to participate in the General Practitioner 90 Day Pay Doctor Cheque Scheme.
- I have read and agree to comply with the terms and conditions stated in this form.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

Date