



Application form 90 day pay doctor cheques scheme

An application must be completed for each General Practitioner (GP) wishing to participate in the Scheme and forwarded to Medicare Australia, GPO Box 570, Adelaide SA 5001 or by facsimile (08) 8274 9307. Any enquiries can be directed to Medicare Australia on 1800 032 259 or e-mail 90daypay@medicareaustralia.gov.au.

Details are required for each practice location that is to be enrolled. Where a GP opens a new practice location not included within this Application, a separate Application should be completed and forwarded to Medicare Australia.

Practitioner and Location Details

Please fill in the details below for each practice location. If you would like to enrol multiple locations, please photocopy this page as many times as necessary and staple to the front of this application.

Location 1

Provider no. _____
 Last name: _____ Given names: _____
 Address: _____ Postcode: _____
 Contact person (name): _____ tel: _____ fax: _____
 E-mail address: _____

Financial Institution details

BSB number: _____ Account: _____
 Name in which account is held: _____

Location 2

Provider no. _____
 Last name: _____ Given names: _____
 Address: _____ Postcode: _____
 Contact person (name): _____ tel: _____ fax: _____
 E-mail address: _____

Financial Institution details

BSB number: _____ Account: _____
 Name in which account is held: _____

I, the Applicant, being a registered General Practitioner entitled to render professional services as defined in the *Health Insurance Act 1973*, apply to Medicare Australia to participate in the '90 Day Pay Doctor Cheques Scheme'. I understand that the Scheme enables the cancellation of unrepresented Medicare pay General Practitioner via claimant cheques at 90 days after the issue date and the forwarding of benefit via Electronic Funds Transfer (EFT) to my nominated financial institution. I have read and agree to abide by the Terms and Conditions stated in this application form.

Name of practitioner (please print): _____

Dated this: _____ day of: _____ 20 _____

Signature of Practitioner: _____

In the presence of: _____ Name of witness: _____
(signature of witness) *(please print)*

TERMS AND CONDITIONS

The following terms and conditions form the basis of participation in the Scheme.

Enrolment

1. Upon accepting the Application, Medicare Australia agrees to enrol the Applicant at the location/s specified in the Application. If for any reason Medicare Australia cannot enrol the Applicant, Medicare Australia agrees to advise the Applicant of the reason why enrolment cannot be effected. Medicare Australia will provide this information either by written correspondence, telephone, facsimile or e-mail.
2. The date the General Practitioner is enrolled by Medicare Australia 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 this 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 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 Medicare Australia from the commencement of that specialty change.

Provision of Information

5. The Applicant agrees to provide and cooperate with Medicare Australia by supplying all information requested and cooperate with the confirmation of enrolment details when and if requested by Medicare Australia.
6. The Applicant agrees to the release of financial institution information to the Reserve Bank of Australia by Medicare Australia to enable the payment of Medicare benefits to occur via EFT.

Notification of Process

7. Medicare Australia will advise the General Practitioner of any difficulty in transferring funds to the nominated financial institution.
8. Applicable service details will be provided to a General Practitioner in the form of a Statement of Benefit for those cheques cancelled and EFT payment successfully made under this Scheme.

Applicant's other obligations

9. The Applicant understands that Medicare Australia will not be held liable for any bank fees/charges incurred where the Applicant presents a cheque 90 days or more after the issue date and that cheque incurs dishonour bank charges.
10. The Applicant agrees that any decision by the Commonwealth or Medicare Australia to cease this Scheme will not result in any right to a claim for any loss or damage against either the Commonwealth or Medicare Australia.

Varying or ending the Agreement

11. The Applicant may terminate this Agreement by giving 14 days written notice to Medicare Australia. The notice may be supplied by facsimile (08) 8274 9307, by e-mailing: 90daypay@medicareaustralia.gov.au. or in writing to GPO Box 570, Adelaide SA 5001.
12. Medicare Australia 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.

Definitions

For the purpose of these terms and conditions, unless the contrary intention appears:

"Applicant" means the General Practitioner so identified in the Application and Agreement for participation in the Scheme.

"the Scheme" is the '90 day pay doctor cheques' Scheme