

# Online Medicare Claiming & Auto Payments

## Online Medicare Rebates Claiming

As well as rebates available through private health insurance (which depend on your fund and policy), you may be eligible for Medicare rebates, which were introduced for allied health, psychology and mental health services in 2006. You must be referred by a GP or other medical professional to access Medicare rebates, and you can usually claim rebates for up to 12 appointments a year for psychology and mental health services, and up to 5 appointments for allied health services. Your GP will complete an assessment to determine whether you are eligible for Medicare rebates, and therefore you should request a long consultation when you make a booking with your GP.

This practice now allows you to claim Medicare rebates instantaneously using online Medicare claiming. This means that you do not have to go to the trouble of taking your invoice to a Medicare office to claim any Medicare rebates. Instead, your health practitioner electronically submits the claim to Medicare in one click, and Medicare pays the rebate into your bank account (or your practitioner's bank account if it is a bulk bill or 'gap' claim). This saves you and your practitioner time, and also reduces the number of forms your practitioner must complete when Medicare rebates are claimed.

To claim rebates, simply provide your practitioner with your Medicare card details (this can be done using the Online Claiming and Payments Authority form which your practitioner provides), as well as the accounts where you would like Medicare to direct deposit any rebates for you. If you do not wish to provide your bank account details, Medicare can send you a cheque to your registered home address.

## Auto Payments

This practice now gives you the option to use Auto Payments to pay your appointment fees. Similar to a direct debit, your fee payments are processed automatically at the time of your appointment. This means you can focus your entire appointment on treatment without the need to worry about payments. It also means less administration for your practitioner, enabling your practitioner to focus on you and help more people. When payment is processed you receive a confirmation email, in addition to the invoice from your practitioner, and you can use the invoice to claim any Medicare rebates applicable.

# Online Medicare Rebates Claiming and Payments Authority

## 1. Practice Details

PRACTICE		ABN		PHONE	
MAILING ADDRESS		EMAIL		FAX	

## 2. Patient Details

GIVEN NAME/S		SURNAME	
MOBILE		EMAIL	
ADDRESS			
	Street Address	Suburb	State Postcode

I request and authorise HealthKit Pty Ltd ABN 62 131 908 597 to debit payments from the nominated Credit Card identified below in accordance with this Payments Authority, the Terms of Use and the Credit/Debit Card Authority Service Agreement.

## 3. Patient Medicare Claiming Details

I request and authorise HealthKit Pty Ltd to enable online Medicare rebate claiming by registering and storing the following Medicare information:

MEDICARE NUMBER		REFERENCE NO.		VALID TO	M	M	/	Y	Y	
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y	Y

[Optional] I would like my Medicare rebates to be paid directly into the following account:

ACCOUNT NAME			
BSB (6 digits)		ACCOUNT NUMBER (up to 9 digits)	

## 4. Patient Credit/Debit Card Authority

VISA       MASTERCARD       AMERICAN EXPRESS

CARD NUMBER												CCV		
EXPIRY DATE			/			CARDHOLDER NAME								

I request and authorise HealthKit Pty Ltd to debit funds from the credit/debit card account identified above in accordance with this Payments Authority and the terms and conditions set out in the Credit/Debit Card Authority Service Agreement. I authorise HealthKit to debit funds from my credit/debit card identified above when I have an appointment with or am provided with services by the Practice named above. I acknowledge that HealthKit Pty Ltd will appear on my credit card statement.

## 5. Signature

By signing this Payments Authority, I declare that the information on this form is correct. I acknowledge that I have read and understood the terms and conditions contained in this Payments Authority and the Credit/Debit Card Authority Service Agreement, and I agree to be bound by them.

Signature of the nominated Account / Credit Card holder	Driver's licence number	Date

PRACTICE USE ONLY: I have checked the details contained on this form and confirm they are in accordance with the Terms and Conditions.

Signature of authorised officer	Name of authorised officer (print)	Date