



**MedAdvisor**

Your guide to complete the  
online claiming provider  
agreement form (HW027)

# HW027 Form

To enable lookup of vaccinations on the Australian Immunisation Register (AIR) you will need to complete the Online Claiming Provider Agreement (HW027) form.

Not all sections of the form are relevant for pharmacies to complete. Please use this guide to complete the sections required.

[Download the form here.](#)

*Enter your details section*

*Enter your Information  
Provider Number (IPN) here*

**Australian Government**  
Services Australia

**medicare**

**Online Claiming  
Provider Agreement (HW027)**

**When to use this form**  
Providers and organisations whose primary role is the provision of health care services can use this form to apply for online claiming with Services Australia and the Department of Veterans' Affairs.  
Any provider not yet registered for online claiming will need to complete the **Bank account details for Online Claiming (HW052)** form. You can download a copy of this form at [servicesaustralia.gov.au/hpforms](http://servicesaustralia.gov.au/hpforms)  
The terms and conditions of this agreement apply at all locations where you use online claiming to transmit electronically to us.

**For more information**  
Go to [servicesaustralia.gov.au/healthprofessionals](http://servicesaustralia.gov.au/healthprofessionals) or call **1800 700 199** Monday to Friday, 8 am to 5 pm (local 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.  
• Where you see a box like this  **Go to 1** skip to the question number shown.

**Your details**

1 Dr  Mr  Mrs  Miss  Ms  Other   
Family name  
  
First given name  
  
Second given name

2 Medicare provider number  
  
Other vaccination provider number (AIR only)  
 **Go to 12**

3 If you are not registered with us for a Public Key Infrastructure (PKI) certificate, go to [servicesaustralia.gov.au/pki](http://servicesaustralia.gov.au/pki)  
PKI registration authority (RA number), if applicable.

**Application**  
I wish to apply to conduct transactions with Services Australia electronically using online claiming.  
The terms and conditions of my legal relationship with Services Australia in respect of transactions conducted using online claiming are set out below.

**4 Approved software**  
When conducting a transaction with Services Australia using online claiming, I must use a version of a software product approved by Services Australia.  
I understand that Services Australia may revoke its approval of a version of a software product at any time. By approving a particular version of a software product, Services Australia is not stating that the product is suitable for any purpose or that the product meets any quality standards.

**5 Public Key Infrastructure (PKI)**  
I must ensure that all communications I send to Services Australia using online claiming are signed and secured with a Medicare PKI Site certificate.

**6 Privacy**  
I must not send any personal information (as defined in the *Privacy Act 1988*) to Services Australia using online claiming unless the information is encrypted using PKI.

**7 Services Australia's rights**  
Services Australia may from time to time change its technical requirements in relation to the use of online claiming which may require me to upgrade my software.  
Services Australia is not responsible for any costs, losses or damage I, or people acting on my behalf, incur in connection with the online claiming system including, without limitation, communications costs, software acquisition or support costs or losses associated with the online claiming system being from time to time inoperative or inaccessible.

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Enter your Minor ID provider here.

If you are using 2 AIR software providers, you need to complete a HW027 for each Minor ID.

Complete this section

Enter your phone number

Tick 'YES' for both sections here

**Location identifier**

12 Location ID (minor ID)

**Practice details**

Only complete questions 13 to 17 if you are a practice.

13 Practice name

14 Practice address  
  
  
 Postcode

15 Postal address (if different to above)  
  
 Postcode

16 Practice contact name

17 Daytime phone number

Fax number

Email

**Organisation details**

Only complete questions 18 to 22 if you are an organisation.

18 Organisation name

19 Organisation address  
  
  
 Postcode

20 Postal address (if different to above)  
  
 Postcode

21 Organisation contact name

22 Daytime phone number

Fax number

Email

**Financial institution details**

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits. Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.

23 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

24 What type of online transactions do you want paid to this account?

**Tick all that apply**

Medicare bulk bill and Department of Veterans' Affairs claims

Australian Immunisation Register claims

**Additional software for the Australian Immunisation Register**

Complete questions 25 to 26 if you are registering your software to transact with the **Australian Immunisation Register (AIR)**. You do not need to complete this section if you are not reporting to the AIR. Your Location ID (minor ID) needs to be added to your record before you are able to make AIR transactions via web services enabled software.

25 Do you want to register your software to transact with the Australian Immunisation Register?  
 No  **Go to 27**  
 Yes

26 Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)  
 No   
 Yes

*Review section 28, then sign  
and date the form*

### Privacy notice

27 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](https://servicesaustralia.gov.au/privacy)

### Declaration

28 I declare that:

- the organisation's primary role that I am claiming on behalf of, is the provision of health care services.
- the information I have provided in this form is complete and correct.


I agree with:

- the terms and conditions of this agreement.

I understand that:

- the location claiming for the services provided is responsible for the provision of health care services only.
- the health professional is responsible for the claims lodged, not the organisation.
- giving false or misleading information is a serious offence.

Provider's signature

 On completion, print and sign by hand.

Date

/ /

**Reset form**

**Print form**

### Returning this form

Return the completed form:

- **by post to:**  
Services Australia  
The Manager  
Medicare Provider Services  
GPO Box 9822  
MELBOURNE VIC 3000
- by email to: [provider.forms@servicesaustralia.gov.au](mailto:provider.forms@servicesaustralia.gov.au)  
There may be risks with sending personal information through unsecured networks or email channels.
- by fax to: **1300 505 866**

*Once complete, email the form to  
[provider.forms@servicesaustralia.gov.au](mailto:provider.forms@servicesaustralia.gov.au)  
or fax to 1300 505 866*