

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

Q MedAdvisor

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.

Enter your details section

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

Enter your Information Provider Number (IPN) here

Download the form here.



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

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 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 D Go to 1 skip to the question number shown.

Your details

1	Dr Mr Mrs Miss Ms Other
	Second given name
2	Medicare provider number
2	Other vaccination provider number (AIR only) Go to 12 If you are not registered with up for a Public Key Infer structure
	(PKI) certificate, go to servicesaustralia.gov.au/pki PKI registration authority (RA number), if applicable.

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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

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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.

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.





Enter your Minor ID provider here.	Location identifier 12 Location ID (minor ID)	22 Daytime phone number Fax number	Enter your phone number
	Practice details	- Email	
	Only complete questions 13 to 17 if you are a practice.		
If you are using 2 AIR software	13 Practice name	Financial institution details	
providers, you need to complete a	14 Practice address	All payments are made through Electronic Funds Transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.	
HW027 for each Minor ID.		Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.	
	Postcode	23 Name of bank, building society or credit union	
	15 Postal address (if different to above)	Branch number (BSB)	
	Postcode	Account number (this may not be the card number)	
	16 Practice contact name	Account held in the name(s) of	
	17 Daytime phone number	Account neid in the name(s) of	
	Fax number	24 What type of online transactions do you want paid to this	
	()	account? Tick all that apply	
	Email	Medicare bulk bill and Department of Veterans' Affairs	
		Australian Immunisation Register claims	
	Organisation details		
Complete this section	Only complete questions 18 to 22 if you are an organisation.	Additional software for the Australian Immunisation Register	
	18 Organisation name	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	
	19 Organisation address	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.	
	Postcode	25 Do you want to register your software to transact with the	
	20 Postal address (if different to above)	Australian Immunisation Register?	
	20 Postal address (il different to above)	No D Go to 27 Yes D	Tiol: (VEC/ for both costions have
		26 Is this an additional software product that you wish to register?	Tick 'YES' for both sections here
	Postcode	(for example, additional to a Medicare/PBS software product)	
	21 Organisation contact name	Yes	
		-	
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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

Declaration

28 I declare that:

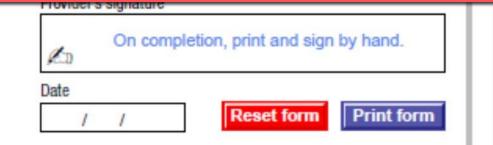
- the organisation's primary role that I am claiming on behalf of, is the provision of health care services.
- · the information I have provided in this form is complete and correct.

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.



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 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 or fax to 1300 505 866

Review section 28, then sign

and date the form

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