

APPENDIX 5 – Requirement for Claims (private organisation)

1 Interpretation

In this Schedule:

Act means the *Health Insurance Act 1973*.

Approval means the approval given on, under s.41(3) of the Act, in respect of a health service provided, or to be provided, by the Organisation.

Approved equipment means equipment listed in the Schedule to the Approval.

Approved health service means the health service approved under the Approval.

Medicare benefit has the meaning given in subsection 3(1) of the Act.

2 Requirements for claims

- (1) A claim for payment by the Organisation in respect of the approved health service:
 - (a) must be submitted:
 - (i) to Medicare Australia;
 - (ii) as electronic data in a form acceptable to Medicare Australia; and
 - (iii) in a manner that complies with subsection (2).
- (2) A claim must be identifiable by reference to:
 - (a) the approved health service (identified by the applicable health program grant number - a 3 digit number allocated by Medicare Australia);
 - (b) the item of approved equipment to which it relates; and
 - (c) the particular service, or services, performed:
 - (i) using the approved equipment; and
 - (ii) in respect of which Medicare benefit has been claimed by a person, or persons, entitled to claim that benefit.