



# Capital Sensitivity Exemption – Application

The assessment process and timeframes for capital sensitivity exemption applications is governed by Division 1.2 – General application provisions, of the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#)

## Information required for application – Type of Exemption sought.

- ☐ **Initial application** – Used to apply for a first exemption before the specified equipment has reached its effective life age – answer section 1, 2, 3 and 4. You do not need to address sections 5 and 6.
- ☐ **Subsequent application** – Used to apply for all additional exemptions when further time is needed beyond an approved initial or subsequent exemption. Answer sections 1, 2, 5 and 6. You do not need to address section 3 and 4.

### 1. Information required for application – Practice and contact details

Practice Information	Response
Location Specific Practice Number (LSPN)	
Practice name	
Street address	
Suburb/town	
State/postcode	

### 2. Information required for application – Specified equipment details

**Note:** For an initial application you must include an extract from the LSPN equipment list. For subsequent applications the extract is not required. You can view and download an LSPN equipment list here: [View or download an LSPN Equipment list - HPOS - Services Australia](#).

Equipment type	Serial number	Installation date	Upgraded (Y/N)

**Note:** When calculating the life age of equipment for capital sensitivity purposes, the relevant start date is the date of installation (as recorded by Services Australia on the LSPN equipment register), not the equipment's operational date at the practice site.

**Initial application section – Of sections 3 to 6, answer only sections 3 and 4 when applying for an initial exemption.**

**Note:** This page is to be completed if the specified equipment is within its effective life age and this is the first exemption period applied for in relation to the specified equipment.

**3. Information required for initial application – Length of Exemption period sought:**

☐ 6 months (maximum allowable period for an initial exemption)

☐ Other – please specify exemption end date:

(The initial exemption period can be no more than 6 months past the end of the specified equipment's applicable life age)

**4. Information required for initial application – Reason for the application:**

(a)(i) Please describe the circumstances beyond your control that have caused a delay to the equipment being replaced or upgraded before it will reach its effective life age or maximum extended life age.

(a)(ii) Please provide the expected date new equipment will be installed or existing equipment will be upgraded.

(a)(iii) Please provide information (including supporting documentation from the equipment manufacturer if available) on how you plan to complete the installation of new equipment or upgrade of existing equipment as soon as possible.

**Subsequent application section – Answer only sections 5 and 6 when applying for a subsequent application. Sections 3 and 4 are not relevant for subsequent attendances.**

Note: This page is to be completed if the specified equipment is within an approved exemption period (A granted exemption that is yet to expire) and there are further unforeseen delays being experienced

**5. Information required for subsequent application – Length of Exemption period sought:**

☐ 3 months (maximum allowable period for any subsequent exemption)

☐ Other – please specify exemption end date:

(A subsequent exemption period can be no more than 3 months past the end date of the existing approved exemption)

**6. Information required for subsequent application – Reason for the application:**

(a)(i) Please describe the circumstances beyond your control that have caused further delays to the equipment being replaced or upgraded before the end of the current approved exemption period.

(a)(ii) Please provide the expected date new equipment will be installed or existing equipment will be upgraded.

(a)(iii) Please provide information (including supporting documentation from the equipment manufacturer if available) on how you plan to complete the installation of new equipment or upgrade of existing equipment as soon as possible.

**Submitting the application form – Email the completed application to:** [Cap.sens@health.gov.au](mailto:Cap.sens@health.gov.au)