



Hospital declaration form – Private hospital

Declaration under Section 121-5 of the *Private Health Insurance Act 2007*

December 2025

Section 121-5 of the *Private Health Insurance Act 2007* (the Act) enables the Minister for Health and Disability to grant or revoke a declaration that a facility is a public or private hospital for the purposes of the Act.

The Act specifies a number of matters to which the minister must have regard in granting or revoking a hospital declaration. Section 121-7(f) of the Act provides that hospital declarations are subject to conditions specified in the Private Health Insurance (Health Insurance Business) Rules. The Rules specify a number of additional matters to which the minister must have regard in granting hospital declarations.

Completing this form will provide the minister, or delegate, with the necessary details for determining whether to declare a facility a 'hospital', pursuant to the Act.

Complete the form by entering the information in the fields provided. Email the completed form to phi.hospitals@health.gov.au together with any accompanying documents (such as state licences and/or accreditation documentation).

This form is only for new facilities

You do not need to fill it in if you are only changing your name or address.

To change your name or address, simply email phi.hospitals@health.gov.au with your updated details.

Facility details

Facility name:

Legal entity:

ABN/ACN:

Facility address

Street:

Suburb/Town:

State/Territory:

Postcode:

Facility contact details

Phone:

General email:

Chief Executive Officer information

Name:

Phone:

Email:

Data manager information

The person who will submit Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) data.

Name:

Phone:

Email:

Postal address details

Tick if postal address details are the same as the facility address.

Postal address

Street:

Suburb/Town:

State/Territory:

Postcode:

Facility information

Facility open date:

Date of commencement:

Bed numbers:

Theatre numbers:

Chair numbers:

Trolley numbers:

Facility type

Private overnight

Private same day

Financial classification

For profit

Not for profit

Tick any that apply:

Religious

Charitable

Community

Bush nursing

Patient services

Tick the box(es) to indicate all patient services offered by this facility.

Alcohol and drug

Cardiothoracic

Dermatology

Burns

Chronic disease
management

Domiciliary care

Cardiology

Clinical genetics

Ear, nose and throat
(ENT)

Cardiology – coronary
care

Dental

Endocrinology

Endocrinology – diabetes	Mental health/Psychiatry	Podiatry
Endoscopy	Mental health/Psychiatry – substance related disorders	Rehabilitation
Gastroenterology	Neonatal	Renal dialysis
General medicine	Nephrology	Renal dialysis – acute
General surgery	Neurology	Renal dialysis – maintenance
Genetics	Neurology – epilepsy	Reproductive
Geriatric	Neurology – neurosurgery	Reproductive – IVF
Geriatric – assessment	Obstetrics/Maternity	Reproductive – vasectomy
Geriatric – nursing home	Obstetrics/Maternity – postnatal care	Respiratory
Gynaecology	Oncology	Respite
Haematology	Oncology – chemotherapy	Rheumatology
Hepatobiliary	Oncology – radiotherapy	Sleep centre
Hospice care	Ophthalmology	Transplant
Hospital in the home	Paediatric	Transplant – bone marrow
Hyperbaric medicine	Pain management	Transplant – heart
Immunology	Palliative care	Transplant – liver
Infectious disease	Plastics/Reconstructive	Transplant – pancreas
Infectious disease – HIV/AIDS		Transplant – renal
Intensive care		Other (please specify)
Intensive care – neonatal intensive care		

Co-location

Is this facility co-located with a public hospital?

No

Yes

If yes, the public hospital you are co-located with will need to fill out the [co-location form](#) and submit with the rest of this application form.

Accreditation

Currently accredited

Attached is an interim, or full, accreditation certificate issued to the facility by an appropriate accrediting body.

This facility has been accredited by:

In the process of obtaining accreditation

Attached is correspondence/evidence from an appropriate accrediting body indicating accreditation is scheduled or being negotiated.

Data provision

This facility confirms that Hospital Casemix Protocol (HCP) data will be provided to health insurers.

This facility confirms that Private Hospital Data Bureau (PHDB) data will be provided to the Australian Government Department of Health, Disability and Ageing.

For further information regarding data provisions – please email hcp@health.gov.au.

Acknowledgement

I acknowledge on behalf of this facility that:

As a Commonwealth declared facility I will adhere to the requirements as specified in the *Private Health Insurance Act 2007* and associated rules.

The facility will provide a copy of the current accreditation certificate to the Department of Health, Disability and Ageing as evidence each time accreditation is amended/renewed.

The facility will meet the appropriate HCP and PHDB data reporting requirements.

The facility's provider number will be published on the department's website, published in a PHI circular, and may be issued to stakeholders upon request.

Signatory

I declare that the information provided in this form is complete and accurate.

Name and title:

Date:

Position:

Please return this document to the Department of Health, Disability and Ageing along with a copy of any supporting materials (such as state licences and/or accreditation documentation), at phi.hospitals@health.gov.au.

PHI circular contact

For the circular which the department will issue following acceptance of this application –please provide a name and contact number of one of your staff so that insurers can directly engage with someone in your hospital on billing arrangements.

Name:

Contact number:

Remittance contact

Please also provide the email addresses for remittances, which will also be published in the circular.

Email:

Co-location form

(delete this page if not applicable)

Public hospital details

Co-located with:

Impacts

In the case of a private facility, whether or not declaration of the premises would materially affect reasonable access by public patients to a reasonable range of services.	Yes
	No
	Not applicable
Whether or not declaration of the premises would result in a transfer of costs from the state or territory to any other party.	Yes
	No
	Not applicable
In the case of a private facility which was previously part of a public hospital, operated as a public hospital or was co-located with a public hospital operated by a state or territory, the adequacy of arrangements in that public hospital to ensure that patients presenting for treatment are able to exercise freely their right to elect to be treated as a public patient in that facility.	Yes
	No
	Not applicable
In the case of a private facility which was previously part of a public hospital, operated as a public hospital or co-located with a public hospital operated by a state or territory, whether or not the state or territory and the licensee of the hospital have entered into or are you prepared to enter into enforceable agreements with the Commonwealth to supply data or information to the Commonwealth to allow the Commonwealth to monitor access by public patients to a reasonable range of services, the adequacy of arrangements for patient election as to treatment as a public or private patient, the costs to the state or territory and any other party, and the extent to which costs incurred by other parties are increasing or decreasing.	Yes
	No
	Not applicable