Australian Government
Department of Health, Disability and Ageing

Hospital declaration form – Public 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:

- a letter or email from your state/territory department of health advising of either a new public hospital or any changes that need to be made
- 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:

Date of commencement:

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 the Hospital Casemix Protocol (HCP) 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:

Bed numbers: Theatre numbers: Chair numbers: Trolley numbers:

Patient services

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

- ☐ Alcohol and drug
- ☐ Burns
- ☐ Cardiology
- ☐ Cardiology – coronary care
- ☐ Cardiothoracic
- ☐ Chronic disease management
- ☐ Clinical genetics
- ☐ Dental
- ☐ Dermatology
- ☐ Domiciliary care
- ☐ Ear, nose and throat (ENT)
- ☐ Endocrinology
- ☐ Endocrinology – diabetes
- ☐ Endoscopy
- ☐ Gastroenterology
- ☐ General medicine
- ☐ General surgery
- ☐ Genetics
- ☐ Geriatric
- ☐ Geriatric – assessment
- ☐ Geriatric – nursing home
- ☐ Gynaecology
- ☐ Haematology
- ☐ Hepatobiliary
- ☐ Hospice care
- ☐ Hospital in the home
- ☐ Hyberbaric medicine
- ☐ Immunology
- ☐ Infectious disease
- ☐ Infectious disease – HIV/AIDS
- ☐ Intensive care
- ☐ Intensive care – neonatal intensive care
- ☐ Mental health/Psychiatry
- ☐ Mental health/Psychiatry – substance related disorders
- ☐ Neonatal
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurology – epilepsy
- ☐ Neurology – neurosurgery
- ☐ Obstetrics/Maternity
- ☐ Obstetrics/Maternity – postnatal care
- ☐ Oncology
- ☐ Oncology – chemotherapy
- ☐ Oncology – radiotherapy

- [ ] Ophthalmology
- [ ] Paediatric
- [ ] Pain management
- [ ] Palliative care
- [ ] Plastics/Reconstructive
- [ ] Podiatry
- [ ] Rehabilitation
- [ ] Renal dialysis
- [ ] Renal dialysis – acute
- [ ] Renal dialysis – maintenance
- [ ] Reproductive
- [ ] Reproductive – IVF
- [ ] Reproductive – vasectomy
- [ ] Respiratory
- [ ] Respite
- [ ] Rheumatology
- [ ] Sleep centre
- [ ] Transplant
- [ ] Transplant – bone marrow
- [ ] Transplant – heart
- [ ] Transplant – liver
- [ ] Transplant – pancreas
- [ ] Transplant – renal
- [ ] Other (please specify)

Accreditation

Currently accredited

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

In the process of obtaining accreditation

- [ ] This facility is in the process of obtaining accreditation from:

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

Data provision

Tick the appropriate box(es) and attach the required information.

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

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 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 email this document to phi.hospitals@health.gov.au at the Department of Health, Disability and Ageing along with a copy of any supporting materials, such as:

- a letter or email from your state/territory department of health advising of either a new public hospital or any changes that need to be made
- accreditation documentation.

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: