Australian Government
Department of Human Services

medicare

Approved Collection Centre(s) renewal

Purpose of this form

Complete this form to renew the approval of an Approved Collection Centre(s) (ACC).

Important information

When renewing the approval of an ACC, a payment of $1,000 for each ACC to the Australian Government Department of Human Services is required and **must be included with this form**. The completed form must be lodged with payment or payment details if paying by Electronic Funds Transfer (EFT). This payment does not attract a Goods and Services Tax (GST).

Refer to the **Payment details** section on page 2 of this form.

There is no fee for renewal of each ACC that is co-located with a category GX (General) or GY (General) Accredited Pathology Laboratory (APL).

To renew the approval of an ACC, an Approved Pathology Authority (APA) **must submit this form together with the required payment for all ACCs that are being renewed**.

For more information

For more information, go to our website **humanservices.gov.au/medicarepathology** or to locate the ***Guidelines for Approved Pathology Collection Centres***, go to **health.gov.au**

If you need assistance completing this form email **provider.registration@humanservices.gov.au** or call **1300 721 546** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form and payment or Remittance Advice to:

Department of Human Services
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001

or

Fax: **03 9605 7984**

Approved Pathology Authority details

1 APA number

2 APA name

3 The authorised contact person must be authorised by the APA to act on their behalf.

Authorised contact person

4 Position held

5 Daytime phone number

( )

Fax number

( )

Email

@

Details of renewal

If an ACC is co-located with a category GX/GY APL, include corresponding APL number.

6 Application is hereby made to renew:

ACC number	**APL number** (only where an ACC is co-located with GX/GY APL)

If you need more space, attach a separate sheet with details.

Payment details

7 Payment can be made by cheque, money order or EFT.

Please enclose a cheque or money order payable to the Department of Human Services for $1,000 multiplied by total number of ACCs sought for renewal (less number of ACCs co-located in category GX or GY APLs)

Cheques or money orders should be made payable to:

Department of Human Services
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001

EFT details are as follows:

BSB:	092 009
Account Number:	120260
Account Name:	DHS Medicare Official Administered Payments Other
Reference:	ACC + number (If multiple ACCs, APA + number)

If you pay by EFT, **please include a copy of the Remittance Advice with this form**.
You will not be issued with a receipt unless requested.

If your application is incomplete, your application will be returned and you will be refunded or your cheque will be returned to you.

Privacy notice

8 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy** or by requesting a copy from the department.

Declaration

9 **I declare that**:

- all the Approved Collection Centre premises comply with the ***Guidelines for Approved Pathology Collection Centres***.
- where the Approved Collection Centre(s) is subject to a lease arrangement with a requester of a pathology service or a person connected to such a requester as defined in Part IIBA of the *Health Insurance Act 1973*, I can demonstrate that charges payable under the arrangement are not substantially different from the market value of the premises.
- where required, I have enclosed a cheque or money order for $1000 (multiplied by total number of Approved Collection Centre(s) where payment is required) or a copy of the **Remittance Advice**, with this form.
- the information I have provided in this form is complete and correct.

I understand that:

- in accordance with section 7 of the *Health Insurance (Eligible Collection Centres) Approval Principles 2010*, should the Approved Collection Centre premises at any time fail to comply with the ***Guidelines for Approved Pathology Collection Centres***, written notice shall be provided to:

  Department of Human Services
  Director
  Provider Eligibility and Accreditation Section
  PO Box 7788
  FYSHWICK ACT 2610
- I need to inform the Australian Government Department of Human Services **within 24 hours** of any failure to comply with the ***Guidelines for Approved Pathology Collection Centres*** including an explanation of reasons for non compliance.
- giving false or misleading information is a serious offence.

Authorised person's full name (authorised to sign on behalf of Approved Pathology Authority)

Authorised person's signature

Date

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