

Print in **BLOCK LETTERS****Note:** Failure to complete fields correctly may lead to delays in stock delivery.

| | | | | | | | | | | | | |
|--|---|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| Date / / | Provider number (must be completed) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | Provider's full name (not practice name) |
| | | | | | | | | | | | | |
| Street address including business name (a PO Box address is not acceptable for courier delivery) | | Business Name | | | | | | | | | | |
| Post code | Email address | | | | | | | | | | | |
| Delivery instructions: | | | | | | | | | | | | |
| Details of person placing the order | | | | | | | | | | | | |
| Full name | Your signature | Daytime phone number () | | | | | | | | | | |
| | | Fax number () | | | | | | | | | | |

| Form description | Code | Content per unit | Number of units required |
|--|---------|--------------------|--------------------------|
| Aboriginal/Torres Strait Islander enrolment and amendment form | 0905 | 1 form | |
| Bulk bill (hospital only) | DB1H | 1 form | |
| Bulk bill continuous (2 part EDI) | DB4E | 500 forms (1 Box) | |
| Bulk bill continuous (3 part) | DB4 | 500 forms (1 Box) | |
| Bulk bill voucher (Allied Health Professional) | DB2-AH | 1 form | |
| Bulk bill voucher (DB) Medicare Teen Dental | DB2-DB | 1 form | |
| Bulk bill voucher (dental practitioner) | DB2-DP | 1 form | |
| Bulk bill voucher (GP) | DB2-GP | 1 form | |
| Bulk bill voucher (OP) | DB2-OP | 1 form | |
| Bulk bill voucher (OT) | DB2-OT | 1 form | |
| Bulk bill voucher pathology | DB3 | 1 form | |
| Copy/transfer application (remote areas only) | 3170 | 1 form | |
| EDI env stickers Medicare (GP-red) | HICDEDI | 3 sheets | |
| EDI env stickers Medicare (pathology-green) Victoria only | EDIPATH | 3 sheets | |
| Electronic Funds Transfer (EFT) details collection form | 1579a | 1 form | |
| Enrolment application (remote areas only) | 3101 | 1 form | |
| Envelopes DL size only | ENV | 1 envelope | |
| General practitioners kit | KIT-GP | 1 Kit [†] | |
| Medicare claim form | PC1 | 1 form | |
| Medicare notification of deceased person form | 3300 | 1 form | |
| Medicare Safety Net family registration form | SN1 | 1 form | |
| Medicare Teen Dental Claim form | DC-1 | 1 form | |
| Medicare Teen Dental Plan brochure holder | 2198 | 1 brochure holder | |
| Medicare two-way claim form | TW1 | 1 form | |
| Non-hospital patients | DB1N | 1 form | |
| Non-hospital patients (dental practitioner) | DB1-DP | 1 form | |
| Non-hospital patients Allied Health Professional | DB1N-AH | 1 form | |
| Non-hospital patients Medicare Teen Dental | DB1N-DB | 1 form | |
| Optometrists kit | KIT-OP | 1 Kit [†] | |
| Pathology continuous | DB5 | 1000 forms (1 Box) | |
| Specialists kit e.g. diagnostics | KIT-OT | 1 Kit [†] | |
| Imprinter | IMP_MED | 1 machine | |

| Promotional material | | | |
|---|---------|--------------|--|
| Medicare Online starter kit | 2539_19 | 1 kit | |
| Medicare Easyclaim starter kit | 2539_20 | 1 kit | |
| Claiming your Medicare benefit at the doctor's brochure (Medicare Online) | 2539_13 | 50 brochures | |
| Claiming your Medicare benefit at the doctor's brochure (Medicare Easyclaim) | 2539_17 | 50 brochures | |
| Medicare Safety Net brochure | 2102 | 50 brochures | |
| Medicare your questions answered brochure | 1339 | 50 brochures | |
| AODR and Donate Life - Discover the facts about organ and/or tissue donation brochure | 3030 | 50 brochures | |
| Medicare Teen Dental brochure | 2207 | 50 brochures | |
| Medicare Australia's Online Services brochure | 1523 | 50 brochures | |
| Our Online Services - care plan access history | 2826 | 25 brochures | |

† Each kit includes 100 DB1N forms, 100 envelopes, one reorder form and one set of instructions for the DB1 and DB2 forms.
For items not included on order form call **132 150**.

| | |
|--|---|
| Assistance If you need assistance completing this form call 1800 067 307 (call charges may apply) or go to www.medicareaustralia.gov.au > For health professionals > Forms, publications and statistics > Medicare forms > Stationery Orders | Lodgment Send the completed form to: Medicare Australia GPO Box 1909 Canberra City ACT 2601 or fax to: 02 6160 3888 |
| Other useful phone numbers PBS Prescription stationery 132 290 Department of Veterans Affairs stationery 1800 155 355 Medicare Provider Hotline 132 150 Immunisation History hotline 1800 653 809 Department of Health and Ageing 1800 020 103 <ul style="list-style-type: none"> EPC and DMMR forms Get set 4 life brochure | |

Privacy note: The information on this form will be used by Medicare Australia and its stationery supplier to forward the requested stationery to you. The collection of this information is authorised by the *Health Insurance Regulations 1975*. This information will not be disclosed to any other party unless authorised or required by law.