



Print in **BLOCK LETTERS**

Note: Failure to complete fields correctly may lead to delays in stock delivery.

Date / /	Provider number (must be completed) <input type="text"/>	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**.

<p>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</p>	<p>Lodgment Send the completed form to: Medicare Australia GPO Box 1909 Canberra City ACT 2601 or fax to: 02 6160 3888</p>										
<p>Other useful phone numbers</p> <table> <tbody> <tr> <td>PBS Prescription stationery</td> <td>132 290</td> </tr> <tr> <td>Department of Veterans Affairs stationery</td> <td>1800 155 355</td> </tr> <tr> <td>Medicare Provider Hotline</td> <td>132 150</td> </tr> <tr> <td>Immunisation History hotline</td> <td>1800 653 809</td> </tr> <tr> <td>Department of Health and Ageing</td> <td>1800 020 103</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • EPC and DMMR forms • Get set 4 life brochure 	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	
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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.