Purpose of this form

Complete this form to lodge an application for Remote Area Exemption for “R Type” Diagnostic Imaging Services for a Medical Practitioner. A separate application must be lodged for each location for which an exemption is sought. An exemption cannot be backdated before the date the application is received by us and the exemption applies for a maximum of 3 years. Medicare benefits are not payable unless the applicant is participating in a quality assurance and continuing medical education program.

Your application should be sent to us before your proposed commencement date.

You should not commence billing until we have advised you that your Remote Area Exemption has been approved.

Where applications are faxed, you must retain your original documents for auditing purposes.

For more information

For more information about Remote Area Exemption, email sa.prov.elig@humanservices.gov.au or call 1800 032 259 Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

• Please use black or blue pen
• Print in BLOCK LETTERS
• Mark boxes like this ✓ or X

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 and signed form to:

Department of Human Services
Provider Eligibility Section
PO Box 9822
Adelaide SA 5001

or

Fax: 08 8274 9307

Personal contact details

1 Dr [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other [ ]
Family name

First given name

Second given name

2 Postal address

..........................................................................................................................

..........................................................................................................................

Postcode

3 Business phone number

(       )

Mobile number

Fax number

(       )

Email

......................................................

@

4 Would you like the information above recorded as your preferred contact details with us?

No [ ]

Yes [ ]

Details of Remote Area Exemption location

5 Provider number

.................................................................................................

6 Location address

.................................................................................................

Postcode
Eligibility criteria for Remote Area Exemption

7 What is the nearest radiology facility (hospital or free standing) from the Remote Area Exemption location?

____________________________________________________________________________________________________________________________________________________
Postcode

8 What is the nearest radiology facility (hospital or free standing) from the Remote Area Exemption location?

km

9 Does a visiting Radiologist provide or can they arrange to provide radiology services in the location where your patients reside?

No ☐
Yes ☐ Name of Radiologist

____________________________________________________________________________________________________________________________________________________
Address of Radiologist
Postcode

10 Are the services provided by the visiting Radiologist limited?

No ☐
Yes ☐ Give details of the services provided

____________________________________________________________________________________________________________________________________________________

11 Do you satisfy State or Territory licensing requirements to provide the radiology services for which you are seeking this exemption?

No ☐
Yes ☐

12 Have you registered with the Australian College of Rural and Remote Medicine Professional Development Program or the Royal Australian College of General Practitioners Quality Assurance and Continuing Medical Education Program?

No ☐
Yes ☐

Privacy notice

13 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

14 I agree:
  • to notify the Australian Government Department of Human Services in writing of any change to circumstances described in this application as soon as possible after it occurs
  • to keep records of indications for, and reports of, diagnostic imaging services provided by me in a manner that facilitates retrieval on the basis of the patient’s name and date of service, for a period of at least 18 months from the date the service was rendered.

I declare that:
  • the information I have provided in this form is complete and correct.

I understand that:  
  • giving false or misleading information is a serious offence.

Applicant's signature

[Signature]

Date / / 

Office use only

Delegate of the Chief Executive Medicare on behalf of the Minister for Health.

Approved ☐
Not Approved ☐

Name of Delegate

Signature of Delegate

[Signature] Date / /

Remote Area Exemption effective

From / / to / /

Position number