



## GUIDE

### Completing Claiming Provider Agreement Form (HW027)

The (Services Australia) **HW027 Form** enables pharmacies to declare their software provider (e.g., GuildCare, MedAdvisor) for reporting vaccinations to the Australian Immunisation Register (AIR).

The HW027 Form is essentially designed for General Practice, however, community pharmacies will need to complete relevant sections of this form to register their software for reporting vaccinations to the AIR.

**Several sections of the form are not relevant to pharmacies and are therefore not required to be completed. PLEASE SKIP THESE SECTIONS AS INDICATED AND LEAVE THEM BLANK (do not cross out or mark-up).**

Pharmacies will need to **complete** the following sections of the form:

- ✓ Section 1
- ✓ Section 2      **Only complete Other vaccination provider number (AIR only) field, leave Medicare provider number field blank.**
- ✓ Section 3      **Provide your 'PRODA Organisation RA Number'.**
- ✓ Section 12      **Pharmacies using (2) software products and have been issued (2) minor ID's by their software providers, will need to complete and submit a HW027 form for each minor ID.**
- ✓ Section 18 – 22
- ✓ Section 25      **Select 'Yes'**
- ✓ Section 26      **Select 'Yes'**
- ✓ Section 28      **Sign, date, and return** (submit completed form(s) by following the instructions under the section '**Returning this form**').

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# Online Claiming Provider Agreement (HW027)

## When to use this form

Providers and organisations whose primary role is the provision of health care services can use this form to apply for online claiming with Services Australia and the Department of Veterans' Affairs.

Any provider not yet registered for online claiming will need to complete the **Bank account details for Online Claiming (HW052)** form. You can download a copy of this form at [servicesaustralia.gov.au/hpforms](http://servicesaustralia.gov.au/hpforms)

The terms and conditions of this agreement apply at all locations where you use online claiming to transmit electronically to us.

## For more information

Go to [servicesaustralia.gov.au/healthprofessionals](http://servicesaustralia.gov.au/healthprofessionals) or call **1800 700 199** Monday to Friday, 8 am to 5 pm (local time). Call charges may apply.

## Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in **BLOCK LETTERS**.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## Your details

Complete Section 1

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

Only enter your AIR Provider Number in Section 2: 'Other vaccination provider number', then go to Section 12.

2 Medicare provider number   
or  
Other vaccination provider number (AIR only)  **Go to 12**

- 3 Provide your:
- Public Key Infrastructure (PKI) Registration Authority (RA) number, if claiming through the client adaptor, or
  - Provider Digital Access (PRODA) Registration Authority (RA) number, if claiming through web services.

Registration Authority (RA) number

Complete Section 3 by providing your PRODA Organisation RA Number

If you are not registered with us for a PKI certificate, go to [servicesaustralia.gov.au/pki](http://servicesaustralia.gov.au/pki)  
If you are not registered for PRODA, go to [servicesaustralia.gov.au/PRODA](http://servicesaustralia.gov.au/PRODA)

## Application

I wish to apply to conduct transactions with Services Australia electronically using online claiming.

The terms and conditions of my legal relationship with Services Australia in respect of transactions conducted using online claiming are set out below.

## 4 Approved software

When conducting a transaction with Services Australia using online claiming, I must use a version of a software product approved by Services Australia.

I understand that Services Australia may revoke its approval of a version of a software product at any time. By approving a particular version of a software product, Services Australia is not stating that the product is suitable for any purpose or that the product meets any quality standards.

## 5 Security and Authentication

I must ensure that all communications I send to Services Australia using online claiming are signed and secured with a Medicare PKI Site certificate or PRODA organisation.

## 6 Privacy

I must not send any personal information (as identified in the *Privacy Act 1988*) to Services Australia using online claiming unless the information is encrypted using Medicare PKI Site certificate or PRODA organisation.

## 7 Services Australia's rights

Services Australia may from time to time change its technical requirements in relation to the use of online claiming which may require me to upgrade my software.

Services Australia is not responsible for any costs, losses or damage I, or people acting on my behalf, incur in connection with the online claiming system including, without limitation, communications costs, software acquisition or support costs or losses associated with the online claiming system being from time to time inoperative or inaccessible.

Complete Section 12 with the Minor ID provided by your software provider.

**NOTE: If your pharmacy is using two (2) AIR software products (e.g., *GuildCare* and *MedAdvisor*) and have been issued a minor ID by both providers, you will need to complete a HW027 form for each Minor ID.**

**NOTE: A PBS Online or other minor ID is not valid for AIR, it must be the minor ID issued by your AIR software provider.**

You can skip Sections 13 to 17

Complete Sections 18 to 22

**Location identifier**

12 Location ID (minor ID)

**Practice details**

Only complete questions 13 to 17 if you are a practice.

13 Practice name

14 Practice address  
  
  
 Postcode

15 Postal address (if different to above)  
  
  
 Postcode

16 Practice contact name

17 Daytime phone number

Fax number  
( )

Email

**Organisation details**

Only complete questions 18 to 22 if you are an organisation.

18 Organisation name

19 Organisation address  
  
  
 Postcode

20 Postal address (if different to above)  
  
  
 Postcode

21 Organisation contact name

22 Daytime phone number

Fax number  
( )

Email

**Financial institution details**

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits. Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.

23 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

24 What type of online transactions do you want paid to this account?

Tick all that apply

- Medicare bulk bill and Department of Veterans' Affairs claims
- Australian Immunisation Register claims

**Additional software for the Australian Immunisation Register**

Complete questions 25 to 26 if you are registering your software to transact with the **Australian Immunisation Register (AIR)**. You do not need to complete this section if you are not reporting to the AIR. Your Location ID (minor ID) needs to be added to your record before you are able to make AIR transactions via web services enabled software.

25 Do you want to register your software to transact with the Australian Immunisation Register?  
No  **Go to 27**  
Yes

26 Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)  
No   
Yes

You can skip Sections 23 and 24

Tick 'Yes' for Sections 25 and 26, then complete the signature declaration and submit the form.

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## Privacy notice

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**27** Your privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration

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Complete Section 28 →

**28** I declare that:

- the organisation's primary role that I am claiming on behalf of, is the provision of health care services.
- the information I have provided in this form is complete and correct.

**I agree with:**

- the terms and conditions of this agreement.

**I understand that:**

- the location claiming for the services provided is responsible for the provision of health care services only.
- the health professional is responsible for the claims lodged, not the organisation.
- giving false or misleading information is a serious offence.

Provider's signature

Sign and date  
declaration →

 On completion, print and sign by hand.

Date

/ /

**Reset form**

**Print form**

### Returning this form

Return the completed form:

- **by post to:**  
Services Australia  
The Manager  
Medicare Provider Services  
GPO Box 9822  
MELBOURNE VIC 3000
- by email to: [provider.forms@servicesaustralia.gov.au](mailto:provider.forms@servicesaustralia.gov.au)  
There may be risks with sending personal information through unsecured networks or email channels.
- by fax to: **1300 505 866**