medibank
For Better Health

Resubmission Batch Header
25% Fund Gap - Simplified Billing Agent

Please ensure all fields below are completed

Simplified Billing Agent Name

Simplified Billing Agent Registration Number

(This is the same as your Medicare Australia registration number)

Lodgement Date   /   /   Total number of claims   *(maximum 10 claims per batch)*

Select from the tick box below, reason for resubmission for each claim

Claim Number	1	2	3	4	5	6	7	8	9	10
Part benefit paid as per Statement of Benefit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Zero benefit paid as per Statement of Benefit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please ensure the following mandatory fields are included on the claim:

- Patient Membership Number
- Patient First and Last Name
- Date of Birth
- Date of Service
- Service Provider Name and Service Provider Number

- Charge Amount
- Medicare Benefits Schedule Item
- Medicare Schedule Fee
- Medicare Benefit
- If the claim is Compensation or Damages related

Please post accounts to:

Medical Billing

Medibank Private

GPO Box 2984

Melbourne VIC 3001

For any queries regarding accounts, please contact:

Medical Enquiry Line

1300 130 460