

# 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 40 claims per batch)*

### 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 1008  
Melbourne VIC 3001

### For any queries regarding accounts, please contact:

Provider Enquiry  
Line **1300 130 460**