

Bulk-Bill adjustment form

- Print form - Application for bulk bill claim adjustment form
- Tick under “Indicate Adjustment type” - Adjustment to previously paid claim(s) – original claim less than 2 years from date of service
- “Number of assignment for benefit” - 1 (*how many your processing typically*)
- Put in Doctors details and postal address
- (Location ID - BPS00020)
- Original claim number is found by Medicare batch no.
- Date of claim is date of service
- Describe in as much detail (eli5) for Medicare
(IF YOU NEED IT CANCELLED, WRITE TO THEM TO CANCEL THE CLAIM)
- Doctor to sign and approve
- Post (*non-registered*)



Typical response is 3-6months, they may call to enquire regarding the claim, majority of the time a correspondence letter is sent to the clinic address