

# Online Medicare Rebates Claiming and Payments Authority

## 1. Practice Details

PRACTICE	Odyssey Counselling & Coaching	ABN	40164643828	PHONE	0408 943211
MAILING ADDRESS	Suite 26, 135 Riseley Street, Booragoon, WA 6154	EMAIL	info@odyssey-counselling.com.au	FAX	

## 2. Patient Details

GIVEN NAME/S		SURNAME	
MOBILE		EMAIL	
ADDRESS			
	Street Address	Suburb	State Postcode

I request and authorise HealthKit Pty Ltd ABN 62 131 908 597 to debit payments from the nominated Credit Card identified below in accordance with this Payments Authority, the Terms of Use and the Credit/Debit Card Authority Service Agreement.

## 3. Patient Medicare Claiming Details

I request and authorise HealthKit Pty Ltd to enable online Medicare rebate claiming by registering and storing the following Medicare information:

MEDICARE NUMBER		REFERENCE NO.		VALID TO	M	M	/	Y	Y	
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y	Y

[Optional] I would like my Medicare rebates to be paid directly into the following account:

ACCOUNT NAME													
BSB (6 digits)							ACCOUNT NUMBER (up to 9 digits)						

## 4. Patient Credit/Debit Card Authority

VISA       MASTERCARD       AMERICAN EXPRESS

CARD NUMBER																CCV			
EXPIRY DATE			/				CARDHOLDER NAME												

I request and authorise HealthKit Pty Ltd to debit funds from the credit/debit card account identified above in accordance with this Payments Authority and the terms and conditions set out in the Credit/Debit Card Authority Service Agreement. I authorise HealthKit to debit funds from my credit/debit card identified above when I have an appointment with or am provided with services by the Practice named above. I acknowledge that HealthKit Pty Ltd will appear on my credit card statement.

## 5. Signature

By signing this Payments Authority, I declare that the information on this form is correct. I acknowledge that I have read and understood the terms and conditions contained in this Payments Authority and the Credit/Debit Card Authority Service Agreement, and I agree to be bound by them.

Signature of the nominated Account / Credit Card holder	Driver's licence number	Date						
				/		/		

**PRACTICE USE ONLY:** I have checked the details contained on this form and confirm they are in accordance with the Terms and Conditions.

Signature of authorised officer	Name of authorised officer (print)	Date						
				/		/		

## Credit/Debit Card Authority Service Agreement

This is your Credit/Debit Card Authority Service Agreement with HealthKit Pty Ltd ABN 62 131 908 597. It explains what your obligations are when undertaking an Automatic Payment arrangement with us. It also details what our obligations are to you as your credit card debiting provider. Please keep a copy of this Agreement for future reference. It forms part of the terms and conditions of your Payments Authority and should be read in conjunction with the authorisations you provided to us in the Payments Authority, and the Terms and Conditions.

### A. Definitions

**Account** means the account (including Credit Cards) held at Your Financial Institution from which we are authorised to direct debit or to store to enable online Medicare rebates claiming.

**Agent** means third party debt collection agency appointed by HealthKit or by the Practice to recover outstanding monies owing to HealthKit or the Practice.

**Agreement** means this Credit/Debit Card Authority Service Agreement between you and us.

**Automatic Payment** refers to the process whereby you provide us with the Payments Authority Request which authorises us to arrange for funds to be debited from a Credit Card held with Your Financial Institution.

**Business Day** means a day other than a Saturday or Sunday or a national public holiday.

**Credit Card** means the credit/debit card you provided on your Payments Authority and includes debit cards.

**HealthKit** means HealthKit Pty Ltd ABN 62 131 908 597.

**Practice** means the practice identified in Section 1.

**Payment** means a particular transaction where a debit is made.

**Payments Authority** means the Payments Authority between you and us.

**Terms and Conditions** means the terms of this Agreement found on HealthKit's website at <https://www.healthkit.com/terms-of-use>.

**Us or we** means HealthKit.

**You** means the customer who signed or authorised by other means the Payments Authority.

**Your Financial Institution** is the financial institution nominated by you on the Payments Authority Request at which your Account is maintained.

### B. Debiting your Account

By signing this Payments Authority or providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your Credit Card. You should refer to the Payments Authority, this Agreement and the Terms and Conditions as amended from time to time for the terms of the arrangement between us and you. We will only arrange for funds to be debited from your Account as authorised in the Payments Authority. If the Debit Day falls on a day that is not a Business Day, we may direct Your Financial Institution to debit your Account on the following Business Day.

### C. Practice

By signing the Payments Authority you acknowledge that we are acting as a third party payment processor for the Practice to arrange for the funds to be debited from your Account. Accordingly, you agree to pursue all claims you have in respect of the goods and services provided to you by the Practice or the terms and conditions of any agreement entered into between you and the Practice against the Practice. As HealthKit does not supply the goods or services that relate to the payments it processes for the Practice, you agree not to pursue HealthKit in respect of any claim you may have in respect of the quantity, the quality or the merchantability of those goods or services supplied by the Practice.

### D. Changes by You

If you wish to stop or defer an Automatic Payment or terminate this Agreement, you must notify us at least seven (7) Business Days. This notice should be given to the Practice in the first instance. You may also email HealthKit at [payments@healthkit.com](mailto:payments@healthkit.com), or arrange it through Your Financial Institution, which is required to act promptly on your instructions.

### E. Changes by Us

We may vary any details of this Agreement or this Payments Authority at any time by amending our Terms and Conditions.

### F. Your obligations

It is your responsibility to ensure that there are sufficient clear funds or credit available in your Account to allow a debit payment to be made in accordance with the Payment Authority form. If there are insufficient clear funds or credit in your Account to meet an automatic payment:

- (a) you may be charged a fee and/or interest by Your Financial Institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you must arrange for the Automatic Payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the Automatic Payment.

You should check your account statement to verify that the amounts debited from your Account are correct.

### G. Disputes

If you believe that there has been an error in debiting your Account, you should notify the Practice in the first instance and confirm that notice in writing with the Practice as soon as possible so that the Practice can resolve your query more quickly. If the Practice cannot resolve the matter or you are not satisfied with the Practice's handling of the matter, you may contact us directly at [payments@healthkit.com](mailto:payments@healthkit.com). Alternately you can take it up directly with Your Financial Institution. If we conclude, as a result of our investigations, that your Account has been incorrectly debited the Practice or HealthKit will respond to your query by arranging for Your Financial Institution to adjust your Account (including interest and charges). We will notify you in writing of the amount by which your Account has been adjusted. If we cannot resolve the matter or you are not satisfied with our proposed resolution, you can still refer it to Your Financial Institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

### H. Accounts

You should check:

- with Your Financial Institution whether direct debiting and Automatic Payments are available from your Account as direct debiting is not available on all accounts offered by financial institutions;
- your Account details which you have provided to us are correct by checking them against a recent account statement; and
- with Your Financial Institution before completing the Payments Authority Form if you have any queries about how to complete the Payments Authority Form.

### I. Confidentiality

We will keep any information (including your Account details) in your Payments Authority Form confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or Agents who have access to information about you do not make any unauthorised use, modification reproduction or disclosure of that information. We will only disclose information that we have about you: to the extent specifically required by law; to the Practice; or for the purposes of this Agreement (including disclosing information in connection with online Medicare rebates claiming or any query or claim).

### J. Collection of outstanding monies

In the event of three (3) consecutive payment failures, or in the event that you owe money to the above Practice, HealthKit and/or the Practice reserves the right to engage the services of a third party debt collection Agent and to recover the monies owing without notice to you. HealthKit will also charge an administrative fee of \$55 for referring this debt to the Agent, which will be collected by the Agent in addition to monies owing.

### K. Notice

If you wish to notify us in writing about anything relating to this Agreement you should write to HealthKit at GPO Box 861, Melbourne 3001 or you can email [payments@healthkit.com](mailto:payments@healthkit.com). We will notify you by amending our Terms and Conditions which you should review from time to time. We may also send you a notice in the ordinary post or email to the address(es) you have given us in the Payments Authority. Any notice will be deemed to have been received two Practice Days after it is posted or emailed.