

PART A - General Practice Details

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|------------------|---|---|--|
| Practice Name | | | |
| Practice Address | | Postcode: | |
| Phone: | | Fax: | |
| Contact Person | | | |
| Position | <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Practice Manager/Staff | |
| Website | | | |
| Contact Email | | | |
| Signature | | | |

PART B - General Practitioner Details

| GP Full Name | Provider Number | New | Departed |
|--------------|-----------------|--------------------------|--------------------------|
| 1. Dr | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Dr | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dr | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Dr | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Dr | | <input type="checkbox"/> | <input type="checkbox"/> |

PART C - Preferred Delivery Method

| | | |
|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Secure Electronic Transfer (complete part D) | <input type="checkbox"/> Fax | <input type="checkbox"/> Post |
|---|------------------------------|-------------------------------|

PART D - Secure Electronic Transfer Information

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|------------------------------|---|---|---------------------------------|
| Medicare Site Certificate ID | (must be 10 Digits) | | |
| Electronic Messaging Method | <input type="checkbox"/> HealthLink - EDI Account: _____ <input type="checkbox"/> Medical Objects <input type="checkbox"/> Argus - email address: _____ | | |
| Practice Management Software | <input type="checkbox"/> Medical Director 2 <input type="checkbox"/> Medical Director 3 <input type="checkbox"/> Genie | <input type="checkbox"/> Practix <input type="checkbox"/> Best Practice <input type="checkbox"/> Plexus | <input type="checkbox"/> Other: |

Please keep a copy of this form at your practice to complete if you have any future detail changes

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| <p>QH OFFICE USE ONLY:</p> <input type="checkbox"/> Practice and providers registered in QH address book - Date details registered ____ - ____ - ____ <input type="checkbox"/> Test message sent to practice to confirm set up is complete <input type="checkbox"/> Job Number _____ |
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How to fill out the form?

Ensure you have completed ALL relevant parts of the registration form. If you have any further questions, please call 07 3406 6788 or e-mail STS_AddressBook@health.qld.gov.au

What is a Medicare Site Certificate ID?

This is the 10 digit certificate number (also known as a site certificate registration number or PKI Certificate ID) of your Digital Location/Site Certificate that you must request from Medicare Australia.

If your practice has a Site/Location Certificate you can look it up on http://www.certificates-australia.com.au/general/cert_search_health.shtml.

If your practice does not have a Medicare Site Certificate then you should contact Medicare Australia.

Which Electronic Messaging Method can you choose from?

This is how you receive electronic patient documents such as Pathology results. There are three (3) options:

1. HealthLink - Support on 1800 125 036
2. Medical Objects – Support on (07) 5456 6000
3. Argus - Support on (03) 5335 2221

Queensland Health can operate with any of the messaging methods. The choice of method is up to the individual practice.

For a free electronic messaging subscription contact your local Division of General Practice.