



Capital sensitivity measure

APPLICATION FORM – INNER REGIONAL AUSTRALIA EXEMPTION

Criteria for exemption

Exemptions are available to imaging practices that meet all five criteria below:

1. The practice must be located in Remoteness Area (RA) category inner regional area (RA2) **and**
2. the practice must also be located in the Rural, Remote and Metropolitan Area (RRMA) categories RRMA4 or RRMA5.
3. The diagnostic imaging equipment used must not exceed the maximum extended life age by three years or more **and**
4. the equipment must be operated on a rare and sporadic basis **and**
5. the equipment must provide crucial patient access to diagnostic imaging services.
 - Automatic exemptions remain in place for practices located in outer regional (RA3), remote (RA4) and very remote (RA5) areas. Practices located in these areas need not apply.
 - There are no exemptions for practices located in the RA category for major cities (RA1).
 - To check your practice RA & RRMA please see www.doctorconnect.gov.au

Once completed, this form should be returned to capsens@health.gov.au

Note: From 1 May 2022 this exemption will cease – if your application is approved and you receive an exemption services on the relevant equipment will only attract a Medicare rebate up to 1 May 2022.

1. Practice and location

Please complete all rows in the ‘Response’ column.

Location Information	Response
Location Specific Practice Number (LSPN)	
Proprietor name	
Practice name	
Contact person	
Phone number	
Email address	
Street address	
Suburb/postcode	
State	
RA	RA2
RRMA	RRMA4 or RRMA5 (please circle/highlight which one)

2. Equipment

Note: equipment must not exceed the maximum extended life age by 3 years or more

Please complete with reference to up to 6 pieces of equipment. For equipment that has been used outside Australia, please provide the date of manufacture. For all other equipment, please provide the date the equipment was first used in Australia.

	Equipment type	Date of install/manufacture
1		
2		
3		
4		
5		
6		

3. Frequency of use

Note: equipment must be operated on a rare and sporadic basis (i.e. low volume of services provided to patients)

Please complete total MBS services claimed with reference to up to 6 pieces of equipment for each relevant calendar year.

	Equipment type	2019	2020	2021	2022(to date)
1					
2					
3					
4					
5					
6					

4. Patient access

Note: equipment must provide crucial patient access to diagnostic imaging services.

Please use the space below to outline the patient access needs against each type of equipment for which an exemption is sought. Please limit your response to half a page.

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