[Health service or bush nursing centre letterhead]

[Participating eligible health professional or visiting medical officer (VMO) details]

[Address]

Medicare provider no.: [insert]

Dear [Title] [Name]

**Re: Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative (the Initiative).**

As you are aware, under your participation in the COAG Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative, you have agreed to pay over the Medicare benefit income assigned to you for eligible services provided under the Initiative to the [insert name of health service or bush nursing centre].

An exemption has been granted for [insert exempted site name].

You have signed a Letter of Agreement with [insert name of health service] Health Service under which you have agreed to pay over to the Health Service all Medicare benefits assigned to you in respect of services provided by you under the Initiative.

Medicare benefit income of $............ [insert amount of Medicare revenue assigned by the patient to the VMO or eligible health professional] has been received on your behalf by the [insert name of health service/bush nursing centre] Health Service/Bush Nursing Centre under this Initiative for the financial year of 20XX/20XX.

An amount of $...... [insert billings that have been paid over to the health service for the relevant financial year] has then been paid over to [insert name of health service] Health Service under the Initiative arrangements for the financial year of 20XX/20XX.

We note that in accordance with Australian Taxation Office income tax Class Ruling (CR 2012/20), the Medicare benefit income you have been assigned by the patient is assessable income under section 6-5 of the *Income Tax Assessment Act 1997* (ITAA)*.* You are also entitled to claim a deduction under section 8-1 of the ITAA for the billings you have paid over to [insert name of health service or bush nursing centre] part of the Initiative arrangements.

You should seek advice on your own circumstances from your taxation adviser.

Thank you for your continued support of this valuable initiative. Should you have any queries regarding this letter please contact [insert health service finance officer name] on [contact details].

Regards

Finance Officer

[Name of health service or bush nursing centre]