

Rural Support Service

Fee for Service Sites by Local Health Network

Please complete the RCTI form for each Local Health Network where you will be providing services

Barossa Hills Fleurieu Local Health Network	Eyre and Far North Local Health Network	Flinders and Upper North Local Health Network
Angaston	Ceduna	Hawker
Eudunda	Cleve	Leigh Creek
Gawler	Coober Pedy	Port Augusta
Gumeracha	Cowell	Quorn
Kangaroo Island	Cummins	Roxby Downs
Kapunda	Elliston	Whyalla
Mount Barker	Kimba	
Mount Pleasant	Port Lincoln	
South Coast (Southern Fleurieu)	Streaky Bay	
Strathalbyn	Tumby Bay	
Tanunda	Wudinna	
Limestone Coast Local Health Network	Riverland Mallee Coorong Local Health Network	Yorke & Northern Local Health Network
Bordertown	Riverland - Barmera	Balaklava
Kingston	Riverland - Berri	Bolleroo
Millicent	Karoonda	Burra
Mount Gambier	Lameroo	Clare
Naracoorte	Loxton	Crystal Brook
Penola	Mannum	Jamestown
	Meningie	Laura
	Murray Bridge	Maitland
	Pinnaroo	Minlaton
	Renmark	Orroroo
	Tailem Bend	Peterborough
	Waikerie	Port Broughton
		Port Pirie
		Riverton
		Snowtown
		Walleroo
		Yorketown

SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Barossa Hills Fleurieu Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Barossa Hills Fleurieu Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Barossa Hills Fleurieu Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Barossa Hills Fleurieu Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Barossa Hills Fleurieu Local Health Network of your Australian Business Number (ABN).
5. You must notify the Barossa Hills Fleurieu Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Barossa Hills Fleurieu Local Health Network is registered for GST purposes and its ABN is 51 528 663 451.
7. The Barossa Hills Fleurieu Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Barossa Hills Fleurieu Local Health Network

Name _____ Date ____/____/____

Position held _____

Rural Support Service
Credentiailling and Contracts Team
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telephone: 8226 6546

Updated 23/8/2019

Sensitive: Personal – I2 – A2

SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Eyre and Far North Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Eyre and Far North Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Eyre and Far North Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Eyre and Far North Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Eyre and Far North Local Health Network of your Australian Business Number (ABN).
5. You must notify the Eyre and Far North Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Eyre and Far North Local Health Network is registered for GST purposes and its ABN is 34 412 710 120.
7. The Eyre and Far North Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Eyre and Far North Local Health Network

Name _____ Date ____/____/____

Position held _____

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SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Flinders and Upper North Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Flinders and Upper North Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Flinders and Upper North Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Flinders and Upper North Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Flinders and Upper North Local Health Network of your Australian Business Number (ABN).
5. You must notify the Flinders and Upper North Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Flinders and Upper North Local Health Network is registered for GST purposes and its ABN is 53 549 572 794.
7. The Flinders and Upper North Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Flinders and Upper North Local Health Network

Name _____ Date ____/____/____

Position held _____

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SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Limestone Coast Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Limestone Coast Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Limestone Coast Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Limestone Coast Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Limestone Coast Local Health Network of your Australian Business Number (ABN).
5. You must notify the Limestone Coast Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Limestone Coast Local Health Network is registered for GST purposes and its ABN is 16 739 520 069.
7. The Limestone Coast Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Limestone Coast Local Health Network

Name _____ Date ____/____/____

Position held _____

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SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Riverland Mallee Coorong Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Riverland Mallee Coorong Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Riverland Mallee Coorong Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Riverland Mallee Coorong Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Riverland Mallee Coorong Local Health Network of your Australian Business Number (ABN).
5. You must notify the Riverland Mallee Coorong Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Riverland Mallee Coorong Local Health Network is registered for GST purposes and its ABN is 44 685 908 941.
7. The Riverland Mallee Coorong Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Riverland Mallee Coorong Local Health Network

Name _____ Date ____/____/____

Position held _____

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SA Health General Practitioner Fee for Service

Section B - Recipient Created Tax Invoice (RCTI) Agreement

In order for the Yorke and Northern Local Health Network to raise a Tax Invoice on your behalf, please read and sign the declaration and return to the address below.

The Yorke and Northern Local Health Network requires the 'Contracted Medical Practitioner' to sign Section B – Recipient Created Tax Invoice (RCTI) Agreement terms and declaration.

Conditions of the Agreement

1. The Yorke and Northern Local Health Network will issue RCTI's to you for all Fee for Service (FFS) payments for all services rendered by you in accordance with the Rural General Practitioner Fee for Service Agreement.
2. You must not issue any tax invoices in respect to services already supplied.
3. The Yorke and Northern Local Health Network shall issue an adjustment note if required.
4. You are registered for GST purposes at the time of signing the Agreement and have notified the Yorke and Northern Local Health Network of your Australian Business Number (ABN).
5. You must notify the Yorke and Northern Local Health Network immediately should you cease to be registered for GST purposes or you become aware of any reason that your registration may be cancelled.
6. The Yorke and Northern Local Health Network is registered for GST purposes and its ABN is 11 810 453 593.
7. The Yorke and Northern Local Health Network must notify you immediately should it cease to be registered for GST purposes or becomes aware of any reason why its registration may be cancelled or ceases to satisfy any of the requirements of public ruling GSTR 2000/10 or its successors.
8. You are the person authorised to agree to the terms of this agreement which is legally binding.

DECLARATION

I, the undersigned, am properly authorised to agree to the terms of the RCTI Agreement.

Signature _____

Name _____ Date _____

Position held within company _____

Business/Trading Name _____

ABN

Office use only

Signed on behalf of the Yorke and Northern Local Health Network

Name _____ Date ____/____/____

Position held _____

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