



## Instructions Mail Merge MyMedicare Registration Form

18 July 2024

### Practice Initiated MyMedicare Registration Form

**Disclaimer:** This activity is an example only and may not suit your practice or care setting. Discuss the approach to registration with your general practice team determine the best approach to suit your needs.

To streamline the process of registering your Residential Aged Care Home (RACH) Patients for MyMedicare you may choose to provide prefilled MyMedicare Registration forms for patients or their decision maker to sign. The following instructions detail how to produce prefilled MyMedicare registration forms in bulk.

### Instructions for Mail Merge

- Using your clinical software, develop a list of RACH patients that each doctor visits. You can get this information from a search of the patients who reside in each RACH if you have this information recorded in your clinical software. If not, you could search by the RACH address or by MBS item numbers that are exclusive to RACH's (eg 90020, 90035, 90043) to get a list of residents.
- When you run this search, you want to include the following information in the report:
  - Patient Family Name
  - First Given Name
  - Second Given Name
  - Date of Birth
  - Medicare/DVA Number
  - Medicare IRN
  - Name of preferred GP
- Export the report to an excel spreadsheet and remove columns as needed. You should end up with a worksheet that looks something like this. Tip – for best results you will need one worksheet per doctor.

SURNAME	FIRST GIVEN NAME	SECOND GIVEN NAME	DATE OF BIRTH	MEDICARE NUMBER	IRN	DOCTORS NAME
Smith	Thelma	Louise	1/01/1935	1234 56890 1	1	Dr D Octor
Smith	Bradley	Ross	1/01/1952	2345 67891 0	1	Dr D Octor
Smith	David	James	1/01/1945	3456 78910 1	2	Dr D Octor

- Open the [MyMedicare Registration Form](#) MS Word Version form in Microsoft Word.



## Instructions Mail Merge MyMedicare Registration Form 18 July 2024

5. In MS Word go to the Mailings Tab and Select Start Mail Merge. Select Step-by-Step Mail Merge Wizard.
6. There are 6 steps to the Step-by-Step Mail Merge Wizard:
  - Step 1** – Select letters, and the select ‘Next: Starting document’ down the bottom of the column on the right-hand side of the page
  - Step 2** – Select use current document. Now select ‘Next: Select recipients’ from the bottom of the column on the right-hand side of the page
  - Step 3** – Select Use an existing List. Use the browse tab to open the spreadsheet of RACH patients you did earlier and select ok twice. Now select "Next: Write your Letter" at the bottom right of the screen
  - Step 4** – We now want to link the spreadsheet fields to the word document. Do this by clicking your cursor in the Family name box on the MyMedicare Registration Form, and then select ‘more items’ from the right-hand column. Select the relevant field from the list by double clicking on it. Select close to get back to your document. You will need to repeat this process for all other fields. You will then need to type in your practice name and address – this will appear in all the documents once the mail merge is completed. Now select "Next: Preview your letter" at the bottom right of the screen. Your form should look like this:

### MyMedicare Registration Form



MyMedicare is a voluntary patient registration model. MyMedicare aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams. MyMedicare patients and their usual GP and practice will have access to new benefits to help deliver more of the care patients need, improving health outcomes.

*Your completed MyMedicare Registration Form should be provided to your preferred general practice to complete your registration process.*

**Patient details**

Family name  
«SURNAME»

First given name      Second given name  
«FIRST\_GIVEN\_NAME»      «SECOND\_GIVEN\_NAME»

Date of birth  
«DATE\_OF\_BIRTH»

Medicare number or DVA file number  
«MEDICARE\_NUMBER\_»

Medicare IRN (number before your name)  
«IRN»

**Practice and provider details.**

Practice Details  
Main Road Medical Suites

Practice Address  
101 Main Road, Mainville QLD 4067

Name of preferred GP  
«DOCTORS\_NAME»

5. I declare I have read and understand the MyMedicare Privacy Notice and consent to my personal information being collected, used and disclosed by the relevant agencies such as Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and, where applicable, the Department of Veterans' Affairs as specified in the MyMedicare Privacy Notice (a link to this notice is provided in the Privacy Statement at the bottom of this form).

6. I understand that I can register for MyMedicare even if the information requested in the 'About You' section of this form is not provided.

Full name of individual providing consent (patient, patient's guardian/attorney or parent if required)  
\_\_\_\_\_

Signature                      Date  
\_\_\_\_\_  
\_\_\_\_\_

If a parent or guardian has completed this form on behalf of a patient aged 14-17, please confirm the patient is aware of this registration and provided informed consent.  Yes.

Consent for MyMedicare registration for patients under 14 years of age must be provided by the patient's parent or legal guardian.



## Instructions Mail Merge MyMedicare Registration Form 18 July 2024

**Step 5** – Preview your letters. Your forms should now look like the image below. If there are any problems, go back to step 4 and correct the issue. Now select "Next: Complete the Merge" at the bottom of the screen.

### MyMedicare Registration Form

MyMedicare is a voluntary patient registration model. MyMedicare aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams. MyMedicare patients and their usual GP and practice will have access to new benefits to help deliver more of the care patients need, improving health outcomes.

*Your completed MyMedicare Registration Form should be provided to your preferred general practice to complete your registration process.*

<p><b>Patient details</b></p> <p>Family name  <input style="width: 100%;" type="text" value="Smith"/></p> <p>First given name      Second given name  <input style="width: 45%;" type="text" value="Thelma"/>      <input style="width: 45%;" type="text" value="Louise"/></p> <p>Date of birth  <input style="width: 100%;" type="text" value="1/1/1935"/></p> <p>Medicare number or DVA file number  <input style="width: 100%;" type="text" value="1234 56890 1"/></p> <p>Medicare IRN <small>(Number before your name)</small>  <input style="width: 100%;" type="text" value="1"/></p> <p><b>Practice and provider details.</b></p> <p>Practice Details  <input style="width: 100%;" type="text" value="Main Road Medical Suites"/></p> <p>Practice Address  <input #"="" style="width: 100%;" type="text" value="101 Main Road, &lt;a href="/>Mainville, QLD 4067"/&gt;</p> <p>Name of preferred GP  <input style="width: 100%;" type="text" value="Dr D Octor"/></p>	<p>5. I declare I have read and understand the MyMedicare Privacy Notice and consent to my personal information being collected, used and disclosed by the relevant agencies such as Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and, where applicable, the Department of Veterans' Affairs as specified in the MyMedicare Privacy Notice (a link to this notice is provided in the Privacy Statement at the bottom of this form).</p> <p>6. I understand that I can register for MyMedicare even if the information requested in the 'About You' section of this form is not provided.</p> <p>Full name of individual providing consent (patient, patient's guardian/attorney or parent if required)  <input style="width: 100%;" type="text"/></p> <p>Signature                      Date  <input style="width: 45%; height: 20px;" type="text"/>      <input style="width: 45%; height: 20px;" type="text"/></p> <p><small>If a parent or guardian has completed this form on behalf of a patient aged 14-17, please confirm the patient is aware of this registration and provided informed consent. <input type="checkbox"/> Yes.</small></p> <p><small>Consent for MyMedicare registration for patients under 14 years of age must be provided by the patient's parent or legal guardian.</small></p>
---	--

**Step 6** – Select edit individual letters and click on all and select ok. This allows you to check all the forms before you send them to the printer. All forms will now be in one document.

7. Print the forms (you can also save them, and attach them to an email them if you want to)
8. Once the forms are printed collate them with a covering letter for the Residential Aged Care Home (See example [‘Sample Cover Letter to RACH’](#)).



## Instructions Mail Merge MyMedicare Registration Form

18 July 2024

---

9. When you deliver the forms to the RACH make sure you take the time to explain MyMedicare why these registration forms are important. Work in with RACH staff and within the RACH timelines wherever possible.
10. When the forms are returned enter them into MyMedicare and enrol patients in the General Practice in Aged Care Incentive. Make sure you record in your clinical software that you have enrolled them, what date and who is their responsible provider.

**Remember, the first quarter for the General Practice In Aged Care Incentive for a patient commences from the date that your practice enrolls the patient in the General Practice In Aged Care Incentive in PRODA/HPOS. For example, if a resident is enrolled between 1 July and 30 September 2024, eligible services delivered within the 1 July – 30 September 2024 quarter will count toward the first quarter payment.**