



**Australian Government**  
**Department of Health**

## Capital sensitivity

### *APPLICATION FORM – Unforeseen equipment replacement/upgrade delay*

#### *Criteria for exemption*

Under this exemption provision of the Diagnostic Imaging Services Table, practices can apply in writing to the Department of Health to allow Medicare benefits to continue to be paid for services provided on equipment that will reach its effective life age or maximum extended life age where:

- the equipment has not yet reached its effective life age or maximum effective life age; and
- due to circumstances beyond the control of the practice, the practice will be unable to replace or upgrade the equipment before it has reached its effective life age or maximum effective life age.

Note: Exemptions can only be granted for a maximum of three months from the date of the equipment's life age or maximum extended life age. Applicants can apply for an extension to the exemption if it becomes apparent during the three month exemption period that the delay will exceed three months. An application for an extension must be made prior to the expiry of the existing extension.

#### 1. Practice and location

Please complete all rows in the 'Response' column.

Location Information	Response
Location Specific Practice Number	
Proprietor name	
Practice name	
Contact person	
Phone number	
Email address	
Street address	
Suburb/postcode	
State	

## 2. Equipment

**Note:** for an initial exemption, equipment must not have already exceeded the effective life age or maximum extended life age. 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	Serial number	Date of installation/manufacture	Equipment has been upgraded (Y/N)	Date of life age expiry	Date the equipment is expected to be replaced/upgraded (must be within 3 months of life age expiry)

## 3. Please select one of the below:

- First Application
- Application for extension of previously granted exemption

## 4. Reason for the application

Please **describe the circumstances beyond the control of the practice** that mean that the equipment will be unable to be replaced or upgraded before it has reached its effective life age or maximum effective life age (for example, unforeseen delays to building works or unforeseen delays to equipment deliveries).

Please **confirm you intend on upgrading/replacing** the equipment during the exemption period, and provide a **brief outline of the plan** to achieve this.

If this application is seeking an extension to a previously granted exemption, please describe the circumstances leading to a further delay and your revised plan to achieve this.

Once completed, this form should be returned to [capsens@health.gov.au](mailto:capsens@health.gov.au).