

Tax invoicing requirements - Lifetime Care

We can only process and pay your tax invoice if your business details are correctly registered with us. To register or update your business details, visit our webpage [How to invoice Lifetime Care and Workers Care | icare \(nsw.gov.au\)](#).

How to invoice us

Your tax invoice **must** include the information listed in the table below. Omitting any of these details may result in payment delays or your tax invoice being returned for correction. An example of a valid tax invoice is provided below.

Item #	Requirement	Detail
1	Title	Must include the words 'tax invoice' (not just 'invoice')
2	Unique invoice number	Use a unique number for each tax invoice Only issue a duplicate tax invoice if requested by us
3	Invoice date	The date the tax invoice was issued following completion of the service or as per agreement
4	ATO registered business name and registered address or preferred address for payment	The business name is the name that the Australian Tax Office has registered to the ABN included on the tax invoice. Include the registered address of the business or the preferred address for payment, provider phone and email contact details. Details of the ABN and name will be listed on the Australian Business Register at www.abr.gov.au Go to: Quick links > Check an ABN in ABN lookup.
5	ABN	Australian Business Number (ABN) of registered business
6	Name and address of Lifetime Care	Address the tax invoice to: Lifetime Care GPO Box 4052 Sydney NSW 2001
7	Participant name and participant number	Include the full name of the participant and their participant number These are found on the Service Approval / Purchase Order. The participant number does not change.
8	Approval number	Include the current approval number on your tax invoice, beginning with RP You can find the approval number on the current Service Approval / Purchase Order that your tax invoice relates to.

Item #	Requirement	Detail
9	Details of services provided	<p>Include all of the following:</p> <ul style="list-style-type: none"> • date that each individual service was provided • full name of the provider who delivered the services • clear description of the service provided • an item code for each service provided. Use either the payment code from the Service Approval / Purchase Order to which your invoice refers or an Australian Medical Association (AMA) code, where applicable • unit price for the service/item, exempt of GST • quantity of the service/duration of services provided • the amount of GST payable per unit, if applicable • the total price of the service provided
10	Invoice summary	<p>The invoice summary is to include:</p> <ul style="list-style-type: none"> • GST exclusive sub-total of costs or fees claimed • total of GST applicable items. Leave blank if no GST applies • total amount due, including GST
11	Notes	<p>Make a note if the provider is not registered for GST. Include information related specifically to the tax invoice but not to the services provided.</p>
12	Provider payment details	<p>Payment details must match the information registered in our system. This includes:</p> <ul style="list-style-type: none"> • the name of the account as registered with your financial institution • BSB number • account number

Where to send your invoice

Submit your invoice as a PDF to careap@icare.nsw.gov.au. This is a dedicated invoice mailbox. If you are unable to submit your invoice via email please post your invoice to the mailing address above.

Additional documents

To protect participant privacy and avoid inadvertent disclosures of their personal or health information, you must **separate all reports and other materials from tax invoices** and send those separately to care-requests@icare.nsw.gov.au.

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GPO Box 4052, Sydney, NSW 2001
 General Phone Enquiries: [1300 738 586](tel:1300738586)

Email: care-requests@icare.nsw.gov.au

Web: www.icare.nsw.gov.au

Sample Tax Invoice



Great Services Pty Ltd

Great Services Pty Ltd
Barrangaroo Street
Pyrmont NSW 2009
Phone: 0412 345 678
Email: email@greatservices.com.au

ABN: 12 345 678 999

Invoice to:
Lifetime Care
GPO Box 4052
Sydney NSW 2001
Email: careap@icare.nsw.gov.au

Services provided to:
John Doe
Participant number: 99/B001

Approval number: RP4561-20

1 Tax Invoice **98765432** **2**

3 Date: 2 March 2024

Date	Description	Code	Provider	Unit Price	Quantity	Sub Total exc GST	GST	Total Price
07/2/2024	Report and Plans	LTCS505	Donna Bloggs	\$200.00	1	\$200.00	\$20.00	\$220.00
07/2/2024	Occupational therapy	LTCS307	Donna Bloggs	\$200.00	2.5	\$500.00	-	\$500.00
12/2/2024	Case management	LTCS501	Jane Smith	\$205.00	1.5	\$307.50	-	\$307.50
12/2/2024	Case management	LTCS503	Jane Smith	\$205.00	1 hr	\$205.00	\$20.50	\$225.50
17/2/2024	Case management	LTCS501	Jane Smith	\$205.00	0.25 hr	\$51.25	-	\$51.25
19/2/2024	Case management	LTCS501	Jane Smith	\$205.00	0.75 hr	\$153.75	-	\$153.75

11 Notes:

Subtotal ex-GST	\$1,417.50
Total GST	\$40.50
Amount Due	\$1,458.00

12 **Payment details:**
Account name: Great Services Pty Ltd
BSB: 012 345
Acc: 001 234 999

- 1** Title
- 5** ABN
- 9** Service details
- 2** Invoice number
- 6** CTP Care details
- 10** Invoice summary
- 3** Invoice date
- 7** Client details
- 11** Notes
- 4** Business name
- 8** Approval number
- 12** Provider payment details

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