

DDC tax invoicing requirements

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 <https://www.icare.nsw.gov.au/practitioners-and-providers/invoicing-and-payment/dust-diseases-care>

How to invoice us

Your tax invoice must include the information listed in the table below. Failure to include 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 on the last page.

#	Requirement	Detail
1	Title	Must include the words 'tax invoice' if your business is registered for GST, or 'invoice' if your business is not registered for GST.
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	<p>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.</p> <p>Details of the ABN and name will be listed on the Australian Business Register at www.abr.gov.au</p> <p>Go to: Quick links > Check an ABN in ABN lookup.</p>
5	ABN	Australian Business Number (ABN) of registered business.
6	Name and address of Dust Diseases Care	Email the tax invoice to DDCenquiries@icare.nsw.gov.au

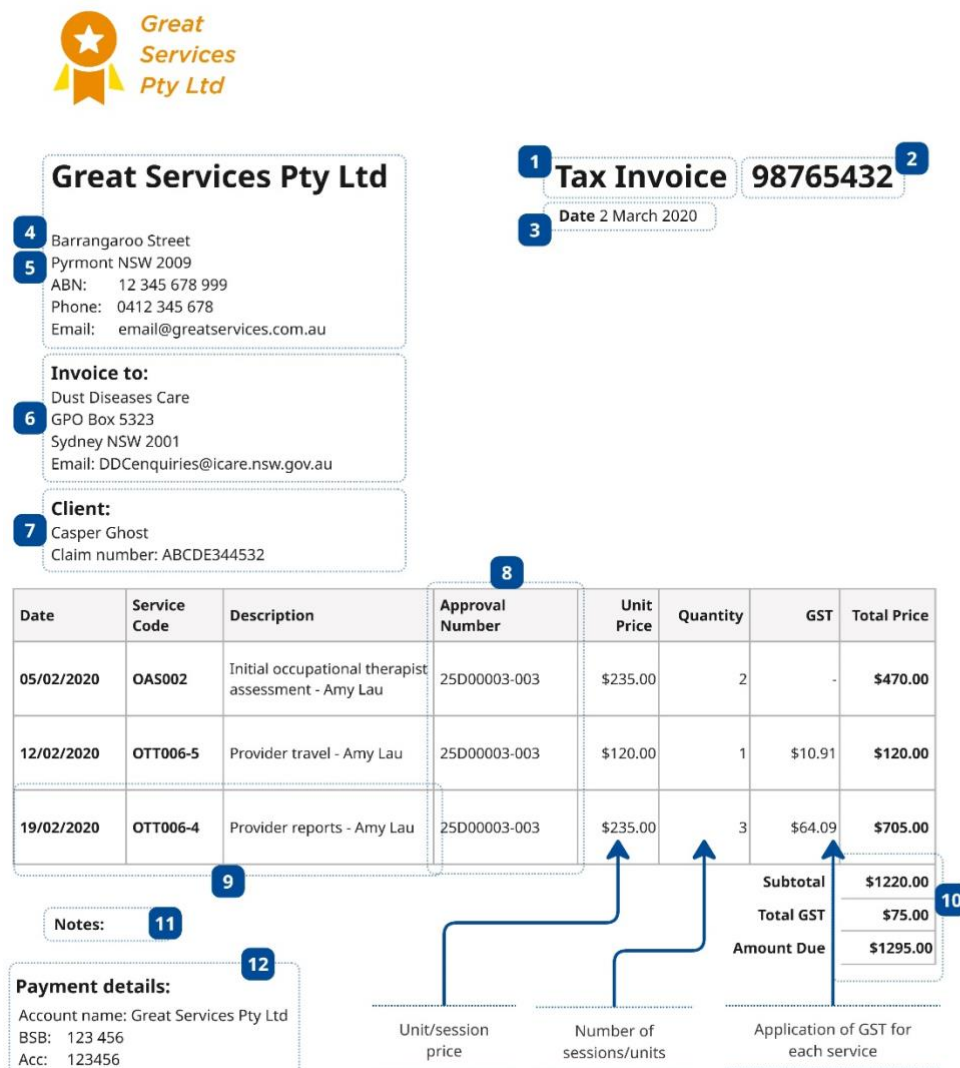
#	Requirement	Detail
7	Client's full name and claim number	<p>Include the full name of the client and their client number.</p> <p>These are found on the Service Approval / Purchase Order. The client's claim number does not change.</p>
8	Approval number	<p>Include the current approval number on your tax invoice.</p> <p>You can find the approval number on the current Service Approval / Purchase Order that your tax invoice relates to.</p>
9	Details of services provided	<p>Include all the following:</p> <ul style="list-style-type: none"> • date that each individual service was provided • clear description of the service provided and name of the provider (attendant care provider names do not need to be detailed) • an item code for each service provided. Use either the service 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 DDCenquiries@icare.nsw.gov.au or post to the mailing address below.

icare NSW Dust Diseases Care
 GPO Box 5323, Sydney NSW 2001
General Phone Enquiries: 1800 550 027
www.icare.nsw.gov.au

Example of a valid tax invoice



Great Services Pty Ltd

4 Barrangaroo Street
 5 Pyrmont NSW 2009
 ABN: 12 345 678 999
 Phone: 0412 345 678
 Email: email@greatservices.com.au

Invoice to:
 Dust Diseases Care
 6 GPO Box 5323
 Sydney NSW 2001
 Email: DDCenquiries@icare.nsw.gov.au

Client:
 7 Casper Ghost
 Claim number: ABCDE344532

1 Tax Invoice 98765432
3 Date 2 March 2020

Date	Service Code	Description	Approval Number	Unit Price	Quantity	GST	Total Price
05/02/2020	OAS002	Initial occupational therapist assessment - Amy Lau	25D00003-003	\$235.00	2	-	\$470.00
12/02/2020	OTT006-5	Provider travel - Amy Lau	25D00003-003	\$120.00	1	\$10.91	\$120.00
19/02/2020	OTT006-4	Provider reports - Amy Lau	25D00003-003	\$235.00	3	\$64.09	\$705.00
Subtotal							\$1220.00
Total GST							\$75.00
Amount Due							\$1295.00

Notes:

Payment details:
 Account name: Great Services Pty Ltd
 BSB: 123 456
 Acc: 123456

Unit/session price
 Number of sessions/units
 Application of GST for each service

- 1** Display these words in the title of your tax invoice
- 2** A unique number generated by you
- 3** The date the tax invoice was issued by you
- 4.5** Your business name, address and ABN
- 6** DDC name & postal address
- 7** Client's full name & DDC claim number
- 8** Please include somewhere on your invoice the DDC approval number. You can find this number on the Service Portal.
- 9** The dates of service should occur within the period stated on the Service Approval. Include AMA codes (if applicable). Describe the service and name of provider.
- 10 Totals**
 - Subtotal (GST-exclusive)
 - Total GST
 - Amount due (sum of Subtotal and Total GST)

The total costs invoiced should not exceed the amount we have approved on the Service Approval / Purchase Order.
- 12** Your payment details