

## INVOICING REQUIREMENTS

To prevent delays in payment, please make sure that the following details are included on all invoices sent to icare lifetime care.

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| 1. <b>Tax Invoice</b>   | The invoice <b><u>MUST</u></b> clearly use the words 'tax invoice' in the title (not just 'invoice')  |
| 2. <b>Invoice number</b>  | Each invoice should have a unique number  |
| 3. <b>Invoice date</b>  | Each invoice <b><u>MUST</u></b> include the date the invoice is issued (following completion of the service or as per agreement)  |
| 4. <b>ABN of registered business</b>  | The tax invoice <b><u>MUST</u></b> include an ABN (Australian Business Number)  |
| 5. <b>ATO registered business name</b>  | Each invoice <b><u>MUST</u></b> include the registered business name. The business name <b><u>MUST</u></b> be the name that the Australian Tax Office has registered to the ABN included on the invoice. Details of the ABN and name will be listed on the Australian Business Register at <a href="http://www.abr.gov.au">www.abr.gov.au</a> Go to: Quick links > Check an ABN in ABN Lookup                       |
| 6. <b>Registered address or your preferred address for payment</b>  | Each invoice <b><u>MUST</u></b> include the registered address of the business or the preferred address for payment   |
| 7. <b>Approval number and payment code</b>  | Each invoice <b><u>MUST</u></b> include the correct approval number and payment code. These are written on the Certificate or Purchase Order. An Approval number always starts with RP (such as RP12-3456). A payment code is always listed alongside the approved services and starts with LTCS (such as LTCS501).   |
| 8. <b>The participant name and their participant number</b>   | Each invoice <b><u>MUST</u></b> include the name of the Participant and their Participant Number (such as O6/B111)  |
| 9. <b>List the services or goods, with units and unit price extended to give a cost, excluding GST, with the date/occasion of service</b> | Each invoice <b><u>MUST</u></b> provide a clear statement/description of the goods or services provided to the participant. It should also set out: <ul style="list-style-type: none"> <li>• number of units supplied</li> <li>• unit price</li> <li>• date the goods or service was provided</li> </ul> The GST exclusive cost or fee charged should be stated in each case. GST exempt items should be indicated. |

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|--------------------------------|---|
| 10. <b>GST exclusive total</b> | Each invoice <b>MUST</b> include the GST exclusive sub-total of costs or fees claimed                 |
| 11. <b>GST amount</b>          | Each invoice <b>MUST</b> specify 10% of total of GST applicable items (not necessarily GST exclusive) |
| 12. <b>TOTAL amount due</b>    | Each invoice <b>MUST</b> specify the total amount due, including GST                                  |

If the TAX INVOICE is missing any of the above requirements, or includes incorrect details, it may be returned for your correction. This may result in a delay in payment.

Duplicate invoices should only be issued on specific request from **icare lifetime care**.

## Information for new providers to icare

If you're providing services to a participant of the Lifetime Care and Support Scheme for the first time, please request and complete a *Vendor File Addition/Change Request Form* and forward it to us at the email, fax or address below. This form is available on our website [www.icare.nsw.gov.au](http://www.icare.nsw.gov.au).

## Submitting the invoice

- **Email** (as a PDF attachment) [ltcsap@icare.nsw.gov.au](mailto:ltcsap@icare.nsw.gov.au) (use for submitting invoices only)  
Email is the preferred method for invoice submission
- **Fax** 1300 738 583
- **Mail** **icare lifetime care**  
GPO Box 4052  
Sydney NSW 2001

## Payment terms

Our standard payment terms are 30 days from receipt of an invoice, provided:

- the invoice is correct and complete (if not, it can't be processed and may be returned to you)
- the services or goods provided or described are satisfactorily delivered, and
- you provide, where appropriate, the necessary documents specified by **icare lifetime care** to support the payment.

If your terms of payment are different to the above terms, we'll take reasonable steps to meet your terms, though we reserve the right to pay by our standard terms.

## Payment methods

Our standard method of payment is electronic funds transfer (EFT). Funds will be directly transferred into your bank account as advised in the *Vendor File Addition/Change Request* form you submitted with your first invoice. We can't pay by cheque. Invoices should be submitted after the service or item has been provided.

If you have provided an email address on the *Vendor File Addition/Change Request* form, you'll receive an email when payment has been made.

## Invoice enquiries

Phone 1300 416 829 (Accounts Payable)

Fax 1300 738 583

Email [ltcsfinance@icare.nsw.gov.au](mailto:ltcsfinance@icare.nsw.gov.au)

Address icare lifetime care

GPO Box 4052

Sydney NSW