

medicare

Application for a Medicare provider number and, or prescriber number for a medical practitioner

Purpose of this form

Complete this form if you are an eligible medical practitioner and would like to apply for an initial or subsequent Medicare provider number and, or a prescriber number.

To find out if you are eligible to register, claim or access Medicare services, please visit humanservices.gov.au/hpmedicarebenefits

Health Professionals Online Services (HPOS)

HPOS provides a secure and convenient online service for health professionals to streamline interactions with the department.

To access your record through HPOS you will need a PRODA account.

HPOS allows eligible health professionals to:

- apply for a subsequent location provider number •
- update address and contact details
- update banking details
- update location organisation details
- close and re-open provider locations.

To register for a PRODA account and to find out more about HPOS, go to humanservices.gov.au/hpos

For more information

Go to humanservices.gov.au/healthprofessionals or call 132 150 Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS. •
- Mark boxes like this with a \checkmark or \checkmark .
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Note: An application will be returned if information is missing and/or not signed.



STOP Have you considered applying through HPOS?

1 Is this application for an initial or subsequent Medicare provider number? Initial

iiiiiiai					
Subsequent	Existing	medica	are p	rovider	number
	i i		i i	i (
			1 1		
			1 1	1	
			1 1		

Applicant's details

Dr 🗌 Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌
Family name
First given name
Second given name
Your date of birth / /
Your gender Male Female
Languages spoken (other than English)



MCA0HW019 1809

Residency status

You **must** immediately notify the Department of Human Services of **any change** in your residency status.

6 Were you born in Australia?

No			
Yes	Go	to	11

7 Are you currently a temporary resident?

No			
Yes	Go	to	9

8 What date did you become a permanent resident or Australian citizen?

/ /

9 Are you a New Zealand citizen or New Zealand permanent resident?

No	
Yes	

Qualifications

Yes

10	Did you obtain your primary medical qualification in an
	accredited medical school in Australia or New Zealand?
	No

Please supply evidence of your residency status at your date of enrolment.

11 Primary medical qualification

Country obtained

Medical school

Year obtained

12 Have you signed a Scholarship Scheme agreement with the Department of Health?

No				
Yes	BMP	or	MRBS	

Personal contact details

13 Postal address

		Postcode	
14	Business phone number		
	()		
	Mobile number		
	Email		
	@		

Registration details

15 AHPRA Registration number

You **cannot** be allocated a provider number unless you are registered with the Medical Board of Australia.



Attach a copy of your current medical registration certificate if applying for an initial provider number.

16 Were you registered with an Australian Medical Board **prior to 1 January 1997**?

No _____ Yes ____

Provide a copy of the medical board registration from the date of first registration.

Recognition

If recognition is required for access to Medicare as a general practitioner, specialist or consultant physician, you must also complete an *Application for recognition as a Specialist or Consultant Physician* form (HW077) or *Application for certification of eligibility for Vocational Registration of General Practitioners* form (HW060) available from humanservices.gov.au/organisations/health-professionals/ forms/by-code

17 Have you applied for recognition as a:

Specialist or consultant physician

General practitioner

This information will be used if we need to apply to the Department of Health for a section 19AB exemption on your behalf.

Required location		24	Your employment status at this location is:
-			Tick ONE only
8 Are you applying for more t	han one location?		Self Individual proprietor
No			Sole trader
	d attach a copy of pages 3 and 4, as d. Complete questions 19 to 31 for		Joint owner in a partnership
	ditional location.		Employee Salaried
			Contracting organisation
9 Location start date		25	Business details relating to your employment at this location
Location end date	/ /		Australian Business Number (ABN)
0 Which one of the following	do you want to do at this location:		
	Tick ONE only		Australian Company Number (ACN) (If applicable)
Refer and reque	est only (e.g. hospital interns) 🗌		
	vide Medicare or Department		Registered business name
	s' Affairs rebateable services		
Refer, request	and assist at operations only	1	Trading as
Are you in an approved Sec	tion 3GA Program?	1	
No 🔄			
Yes		26	Business type:
	n be finalised, the organisation		Tick ONE only
sign an approved placeme	r placement must complete and ent form and send it to the		Individual proprietor
Department of Human Ser	vices. For more information about		Partnership
approved Section 3GA Pro	grams, go to health.gov.au		Unincorporated association
			Company
2 Practice information			
2 Practice information Practice, hospital or health	service name		State Government
Practice information Practice, hospital or health	service name		State Government
Practice, hospital or health		07	State Government Territory Government Other public body
	service name Shop Floor number	27	State Government Territory Government Other public body Premises type:
Practice, hospital or health		27	State Government Territory Government Other public body Premises type: Tick ONE only
Practice, hospital or health Unit Suite		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public
Practice, hospital or health Unit Suite		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private
Practice, hospital or health Unit Suite Street number		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice
Practice, hospital or health Unit Suite Street number Street name		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private
Practice, hospital or health Unit Suite Street number		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice
Practice, hospital or health Unit Suite Street number Street name		27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution
Practice, hospital or health Unit Suite Street number Street name	Shop Floor number	27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility
Practice, hospital or health Unit Suite Street number Street name Suburb State Postc	Shop Floor number	27	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service
Practice, hospital or health Unit Suite Street number Street name Suburb	Shop Floor number		State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home
Practice, hospital or health Unit Suite Street number Street name Suburb State Postc Practice phone number ()	Shop Floor number		State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile
Practice, hospital or health Unit Suite Street number Street name Suburb State Postc	Shop Floor number		State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online?
Practice, hospital or health Unit Suite Unit Suite Street number Street name Suburb State Postc Practice phone number () Email	Shop Floor number		State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online? No
Practice, hospital or health Unit Suite Unit Suite Street number Suburb State Postc Practice phone number ()	Shop Floor number		State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online? No Yes Give details below
Practice, hospital or health Unit Suite Unit Suite Street number Street name Suburb State Postc Practice phone number () Email @ 3 Will you be claiming Medic	Shop Floor number	28	State Government Territory Government Other public body Premises type: Tick ONE only Premises type: Image: No intermed intermediate intermedintermediate
Practice, hospital or health Unit Suite Unit Suite Street name Street name Suburb State Postc Practice phone number () Email @	Shop Floor number	28	State Government Territory Government Other public body Premises type: Tick ONE only Premises type: Hospital - public Hospital - private Practice - general practice Practice - other private practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online? No Yes Give details below Practice Management Software Location ID Does this practice use Medicare Easyclaim?
Practice, hospital or health Unit Suite Unit Suite Street number Street name Suburb State Postc Practice phone number () Email @ 3 Will you be claiming Medic	Shop Floor number	28	State Government Territory Government Other public body Premises type: Tick ONE only Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online? No Yes Give details below Does this practice use Medicare Easyclaim? No
Practice, hospital or health Unit Suite Unit Suite Street name Street name Suburb State Postc Practice phone number () Email @ Suite Suite Suite Suite State	Shop Floor number	28	State Government Territory Government Other public body Premises type: Tick ONE only Premises type: Hospital - public Hospital - public Hospital - private Practice - general practice Practice - other private practice Educational Institution Residential care facility Other community health care service Home Mobile Does this practice use Medicare Online? No Yes Give details below Practice Management Software Location ID Does this practice use Medicare Easyclaim? No

30	Is this a government funded Aboriginal and Torres Strait Islander
	health service?

No	
Yes	

Bank account details

Please provide the bank account details for the recipient of Medicare benefit payments for location named at question 22.

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT.

The nominated account for this location will be used for both Medicare and the Department of Veterans' Affairs benefit payments.

31 Name of bank, building society or credit union

Branch	nun	nber	· (BS	SB)
	:			

Account number (this may not be the card number)

Account held in the name(s) of

Prescriber number

32 Do you want a prescriber number for prescribing Pharmaceutical Benefits Scheme medicines under the *National Health Act 1953*?

No	
/es	

Checklist

33 If you obtained your base medical qualification from an overseas medical college, are subject to the Ten Year Moratorium and you require access to Medicare benefits you need to supply:

a copy of medical registration

personal pages of passport and current visa status

letter of support from employer as to why you require access to Medicare benefits and period required

Privacy notice

34 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

Provider's declaration

35 I declare that:

- I am aware of my legal obligation to provide true and accurate information.
- I have read humanservices.gov.au/hpmedicarebenefits and understand my legislative requirements on the use of my Medicare provider number.

I acknowledge that:

 I must notify the department of any changes to my residency status as this change may impact my eligibility to access Medicare benefits.

I understand that:

 giving false or misleading information is a serious offence and that the information I have provided on this form may be subject to scrutiny through the relevant compliance and audit arrangements.

Provider's full name

Provider's signature

¢,

Date

/	/

Returning your form

Check all required questions are answered and the form is signed and dated.

Your application will be returned to you if all relevant documentation is not supplied or is incomplete.

Send the completed form(s) to:

Department of Human Services Provider Registration Section GPO Box 9822 in your capital city

or

Fax:

NSW/ACT	02 9895 3439	SA/TAS	08 8274 9307
VIC/NT	03 9605 7984	WA	08 9214 8201
QLD	07 3004 5634		