



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 ✓ or X.
- 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.

Have you considered applying through HPOS?

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

Initial

Subsequent Existing medicare provider number

Applicant's details

A provider number will be issued in the name in which you are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Your date of birth

4 Your gender

Male

Female

5 Languages spoken (other than English)



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

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

18 Are you applying for more than one location?

No

Yes



Print and attach a copy of pages 3 and 4, as required. Complete questions 19 to 31 for each additional location.

19 Location start date

Location end date

20 Which one of the following do you want to do at this location:

Tick ONE only

Refer and request only (e.g. hospital interns)

Refer, request and provide Medicare or Department of Veterans' Affairs rebateable services

Refer, request and assist at operations only

21 Are you in an approved Section 3GA Program?

No

Yes

Before your application can be finalised, the organisation authorised to approve your placement must complete and sign an approved placement form and send it to the Department of Human Services. For more information about approved Section 3GA Programs, go to health.gov.au

22 Practice information

Practice, hospital or health service name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

Practice phone number

Email

23 Will you be claiming Medicare benefits from this location?

No **Go to 32**

Yes

24 Your employment status at this location is:

Tick ONE only

Self Individual proprietor

Sole trader

Joint owner in a partnership

Employee Salaried

Contracting organisation

25 Business details relating to your employment at this location

Australian Business Number (ABN)

Australian Company Number (ACN) (if applicable)

Registered business name

Trading as

26 Business type:

Tick ONE only

Individual proprietor

Partnership

Unincorporated association

Company

State Government

Territory Government

Other public body

N/A

27 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

28 Does this practice use Medicare Online?

No

Yes Give details below

Practice Management Software Location ID

29 Does this practice use Medicare Easyclaim?

No

Yes Give details below

Name of the financial institution that supplied the EFTPOS device

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 number (BSB)

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

Yes

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



Western Health Required Location Listings

(Questions 16 and 19 on the Application for an initial Medicare provider number for a Medical Practitioner Form)

(Question 10 and 12 on the Application for an additional location Medicare provider number for a Medical Practitioner Form)

FOOTSCRAY HOSPITAL

Gordon Street
Footscray Vic 3011

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

SUNSHINE HOSPITAL

176 Furlong Road
St Albans Vic 3021

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

WILLIAMSTOWN HOSPITAL

Railway Crescent
Williamstown Vic 3016

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

SUNBURY DAY HOSPITAL

7 Macedon Street
Sunbury Vic 3429

Phone: (03) 9732 8600
Fax: (03)

Dates of Rotations: / / to / /

Other Possible Rotation Locations as part of Western Health Employment that you will need to organise a Provider Number for, please see next listing and tick the appropriate locations and complete dates of rotations:

Other Possible Rotation Locations as part of Western Health Employment please see listing below and tick the appropriate locations and complete dates of rotations:

ALBURY WODONGA HEALTH Yes
 Vermont Street
 Wodonga Vic 3689

Phone: (02) 6051 7111

Fax: (02) 6051 7477

Dates of Rotations:

/ / to / /

BALLARAT HEALTH SERVICE Yes
 Drummond Street
 Ballarat Vic 3350

Phone: (03) 5320 6748

Fax: (03) 5320 4554

Dates of Rotations:

/ / to / /

GOULBURN VALLEY HEALTH Yes
 Graham Street
 Shepparton Vic 3630

Phone: (03) 5832 2739

Fax: (03) 5821 1648

Dates of Rotations:

/ / to / /

MILDURA BASE HOSPITAL Yes
 13th Street
 Mildura Vic 3052

Phone: (03) 5022 3478

Fax: (03) 5022 3234

Dates of Rotations:

/ / to / /

ROYAL CHILDRENS HOSPITAL Yes
 Flemington Road
 Parkville Vic 3052

Phone: (03) 9354 5144

Fax: (03) 9345 5868

Dates of Rotations:

/ / to / /

ROYAL MELBOURNE HOSPITAL Yes
 Grattan Street
 Parkville Vic 3052

Phone: (03) 9342 7739

Fax: (03) 9342 8388

Dates of Rotations:

/ / to / /

WARRNAMBOOL HOSPITAL Yes
 Ryot Street
 Warrnambool Vic 3280

Phone: (03) 5564 4112

Fax: (03) 5563 1684

Dates of Rotations:

/ / to / /

WERRIBEE MERCY HOSPITAL Yes
 300 Princess Highway
 Werribee Vic 3030

Phone: (03) 9216 8588

Fax: (03) 921 8777

Dates of Rotations:

/ / to / /

WESTERN PRIVATE HOSPITAL Yes
 1 – 9 Marion Street
 Footscray Vic 3011

Phone: (03) 9318 3177

Fax: (03) 9318 3590

Dates of Rotations:

/ / to / /

ST JOHN OF GOD HOSPITAL Yes
 101 Drummond Street
 North Ballarat Vic 3350

Phone: (03) 5320 2111

Fax: (03) 5333 1682

Dates of Rotations:

/ / to / /

DJERRIWARRH HEALTH SERVICES Yes
 35 Grant Street
 Bacchus Marsh Vic 3340

Phone: (03) 5367 2000

Fax: (03) 5367 4537

Dates of Rotations:

/ / to / /