

Application for a Medicare provider number and/or prescriber number for allied health and non-medical health professionals (HW093)

Applying online using Health Professional Online Services (HPOS)

If you are an eligible Allied Health Professional or a non-medical health professional, you may be able to apply online for your prescriber number and/or subsequent Medicare provider number using HPOS.

If you are an Aboriginal and Torres Strait Islander Health Practitioner or Orthoptist you cannot apply for a Medicare provider number online. You will need to use this form.

To create an account and/or access your records through HPOS, you will need a Provider Digital Access (PRODA) account. To register for a PRODA account and find out more about what your health profession can do in HPOS, go to servicessaustralia.gov.au/hpos

To apply:

1. log on to HPOS using your PRODA account
2. select My Details
3. select My provider numbers
4. select Create a new provider location
5. complete the questions and select submit.

Who should use this form

Use this form if you:

- are an allied health professional who is not registered with Ahpra and are applying for an **initial** Medicare Provider Number.
- are an Aboriginal and Torres Strait Islander Health Practitioner or Orthoptist applying for a Medicare Provider Number.

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

Who can apply using this form

Allied health and non-medical health professionals - Ahpra registered

- Aboriginal and Torres Strait Islander Health Practitioner
- Chiropractor
- Dental hygienist
- Dental practitioner (including dental specialists)
- Dental prosthetist
- Dental therapist
- Occupational Therapist
- Optometrist
- Oral health therapist
- Osteopath
- Physiotherapist
- Podiatrist
- Psychologist

Allied health professionals - non Ahpra registered

- Aboriginal Health Worker
- Accredited Practising Dietitian
- Audiologist
- Diabetes Educator
- Exercise Physiologist
- Mental Health Nurse
- Orthoptist
- Social Worker
- Speech Pathologist

Prescriber numbers

Prescriber numbers are allocated to optometrists and dental practitioners where your Ahpra registration allows you to prescribe. Dental Hygienists, Dental Therapists, Oral Health Therapists and Allied health professionals are not able to prescribe.

For more information about PBS and prescriber numbers, go to servicessaustralia.gov.au/hppbpsprescribers

Documents required with your initial application

Go to servicessaustralia.gov.au/hpmedicarebenefits to see what evidence you will need to supply for your health profession.

Ahpra registered applicants

You may need to provide your certificate of registration with your initial provider number application. Medicare receive updates to your registration status direct from Ahpra. For more information about Ahpra registration requirements, go to ahpra.gov.au

Non-Ahpra registered applicants

You **must** provide evidence of your registration from your relevant professional association (for example, registration record, certification, evidence of membership) showing recognition in your health profession with your initial application.

Aboriginal health worker applicants

You **must** provide a copy of your approved course completion (certificate) from a recognised Registered Training Organisation.

Representative Public Dentists (RPDs) and Representative Public Dental Practitioners (RPDPs)

Representative Public Dentists, Dental Hygienists, Dental Therapists and Oral Health Therapists are required to provide specific documents to support a provider number application. For more information about recognition as a dental practitioner, go to servicessaustralia.gov.au/hpmedicarebenefits

Dental Hygienists, Dental Therapists and Oral Health Therapists

Dental Hygienists, Dental Therapists and Oral Health Therapists will be able to claim Child Dental Benefits Schedule (CDBS) services only within their scope of practice from 1 July 2022.

Access to Medicare

You must apply for a unique provider number for each place of practice and profession you practise in.

Provider numbers are allocated to enable eligible health professionals to:

- provide services listed under the Medicare Benefits Schedule (MBS)
- refer to relevant specialists and/or consultant physicians, where eligible
- request certain imaging and pathology services, where eligible.

The provider number identifies the location from which a service is provided. If you are no longer working at a location, you must close the provider number.

Claiming a Medicare benefit

Medicare services claimed must be performed when working in a private capacity except where the health professional is employed by, or under contract to, a facility that has been granted an exemption under subsection 19(2) and/or 19(5) of the *Health Insurance Act 1973*.

Medicare services must be provided by a health professional in private practice to privately billed patients. This means a health professional cannot provide Medicare services as an employee of a public hospital or other government funded entity.

Use of residential addresses

Careful consideration should be given to using a residential or other private address. Provider number location address may be publicly available, for example:

- included on written referrals
- available to private health funds.

Access to Oral and Maxillofacial Surgery MBS items

A provider number for the claiming of Oral and Maxillofacial Surgery MBS items can only be issued to dental practitioners who have attained Fellowship of the Royal Australian College of Dental Surgeons and have completed the Oral and Maxillofacial Surgery Training Program FRACDS (OMS) and approved by Medicare prior to 1 November 2004. Registered medical practitioners claiming Oral and Maxillofacial Surgery MBS items cannot use this form. They must apply for recognition as a Specialist or Consultant Physician with Medicare. For more information, go to servicesaustralia.gov.au/hpmsrecognition

For more information

Go to servicesaustralia.gov.au/hpmedicarebenefits or call **132 150** Monday to Friday, 8.30 am to 5 pm, local time.

Call charges may apply.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.



Check that you have answered all the required questions and provide the requested documentation when you return this form. If the application is not complete, it will be returned and you will need to re-apply.

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1 What would you like to apply for? **Tick all that apply**

An initial provider number

A subsequent provider number

▶ Existing provider number

To re-open a location

▶ Currently closed provider number

To close a location

▶ Provide details below:

Provider number for location

Address for location

Postcode

Location end date (DD MM YYYY)

If you are closing, complete questions 1, 3, 4, 7, 23 and 24 only

Prescriber number

If you are applying for a prescriber number only (you must already have a provider number allocated) provide details:

▶ Provider number

For a prescriber number to be allocated you will need to have a provider number. You can apply for a provider number using this form. You **must** answer all the questions in this form.

If you are applying for a prescriber number only and already have a provider number, complete questions 1, 3, 4, 7, 23 and 24 only

Require recognition of additional training and/or qualification

▶ Provide details below:

Provider number for location

If you require recognition of additional training and/or qualification, complete questions 1, 2, 3, 4, 7, 8, 9, 23 and 24 only.

Health profession

2 Select the health profession category for which a provider number is required:

Tick one only

Allied health and non-medical health professionals

– Ahpra registered

- Aboriginal and Torres Strait Islander Health Practitioner
- Chiropractor
- Dental hygienist
- Dental practitioner (including dental specialists)
- Dental prosthetist
- Dental therapist
- Occupational Therapist
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Applicant's details

A provider number will be issued in the name you are registered with Ahpra or a relevant professional body.

3 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

4 Your date of birth (DD MM YYYY)

5 Your gender

Male

Female

6 Languages spoken (other than English)

Personal contact details

7 Postal address

 Postcode

Business phone number

Mobile phone number

Email

Qualification

8 Professional qualification

Place obtained

Year obtained

Registration/membership details

9 Ahpra or relevant professional body registration/membership number

You **cannot** be allocated a provider number unless you hold registration or appropriate recognition with the relevant professional body.



You must provide a copy of your Ahpra or professional body registration/membership documentation with your application if applying for an initial provider number.

For more information about the evidence you need to provide, go to

servicesaustralia.gov.au/hpmedicarebenefits

Required location

10 Are you applying for more than 1 location?

No

Yes



Where eligible, create subsequent provider numbers in HPOS or print and provide additional copies of pages 4 and 5 of this form, as required. Complete questions 11 to 21 for **each** additional location.

11 Location address

You must provide a **valid** address for a location you are or will be practicing at. Address details must be completed in full and must not contain 'corner of' or 'unknown' as part of the address. If this is your residential address read the important information on **Use of residential addresses** on page 2.

Practice or hospital name

Unit Suite Shop Floor number

Street number Street name

Suburb/Town

State Postcode

Location phone number

Email

12 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

13 Is this a government funded Aboriginal and Torres Strait Islander Health Service or Aboriginal Medical Service?

No

Yes

14 Are you providing services that are Medicare benefit eligible?

No **Go to 22**

Yes

Read this before answering the following questions.

Questions 15 to 18 and 21 **must** be completed. These questions will tell us the details of the person, business or organisation that will receive the Medicare benefit for the location and the provider number being applied for.

15 Your employment status at this location is:

Tick one only

Self Individual proprietor

Sole trader

Joint owner in a partnership

Employee Salaried

Contracting organisation

16 Business details relating to your employment at this location

Australian Business Number (ABN) for the person, business or organisation who will receive the Medicare benefit. The ABN can be found on ABN lookup at abr.business.gov.au

Australian Business Number (ABN)

Australian Company Number (ACN) (If applicable)

Registered (entity) business name

This must match the details as they appear in the **entity name** field on the Australian Business Register.

17 Business type:

Tick one only

Individual proprietor

Partnership

Unincorporated association

Company

State Government

Territory Government

Other public body

18 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

19 Does this practice use Medicare Online?

No

Yes Practice Management Software Location ID

20 Does this practice use Medicare Easyclaim?

No

Yes Name the financial institution that supplied the EFTPOS device

Bank account details

Provide the bank account details for the recipient of the Medicare benefit for the location(s) named at question 11.

21 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

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.

Checklist

22 Check you have answered all relevant questions and the form is physically signed and dated.

Which of the following documents are you providing with this form?

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

If you are not sure, check the question to see if you should provide the documents.

Your Ahpra registration or professional body registration or membership documentation (*at question 9*)

Provide evidence if you are applying for an initial provider number (read notes on page 1)

If applying for more than 1 location, provide a copy of pages 4 and 5 of this form. (*if you answered Yes at question 10*)

For more information about PBS and prescriber numbers, go to servicesaustralia.gov.au/hppbsprescribers

For more information about Medicare services, go to servicesaustralia.gov.au/hpmedicarebenefits

Privacy notice

- 23** The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Health professional's declaration

24 I declare that:

- I am aware of my legal obligation to provide true and accurate information.
- I have read servicesaustralia.gov.au/hpmedicarebenefits and understand my legislative requirements on the use of my Medicare provider number.
- the information I have provided in this form is complete and correct.

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.

Health professional's full name

Health professional's signature

This must be an original signature. Digital or electronic signatures are not acceptable.

Date (DD MM YYYY)

Returning this form



Check that you have answered all the required questions and the form is signed and dated.

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

Return this form and any supporting documents by:

- **post to**

Services Australia
Provider Registration Section
GPO Box 9822
in your capital city

- **fax to**

NSW/ACT	02 9895 3439	SA/Tas	08 8274 9307
Vic/NT	03 9605 7984	WA	08 9214 8201
Qld	07 3004 5634		