Australian Government
Services Australia

medicare

Application for a Medicare provider number or prescriber number for allied health, other primary health care, and non-medical health professionals

Provider and prescriber numbers

Provider and prescriber numbers are required to claim under the Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS).

Applying online

If you are an eligible allied health, other primary health care or non-medical health professional and would like to apply for an initial or additional Medicare provider number or a prescriber number or both, you can apply online using Health Professional Online Services (HPOS).

To access HPOS you need an individual Provider Digital Access (PRODA) account. If you do not have one, go to **servicesaustralia.gov.au/proda** to register. Then follow the steps to set up your HPOS access.

To find out more about HPOS, go to **servicesaustralia.gov.au/hpos**

To apply:

1. log in to your PRODA account to access HPOS
2. select **My Details**
3. select **My digital provider number registration** (initial) or **My provider numbers** (additional)
4. select **Create a new provider** location (additional)
5. complete the questions and select **Submit**.

Who should use this form

Use this form if you:

- cannot apply online
- are an allied health, other primary health care or non-medical health professional registered with the Australian Health Practitioner Regulation Agency (Ahpra) or a non-Ahpra professional association(s), and applying for an initial or additional Medicare provider number or a prescriber number or both.

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

Who can apply using this form

Allied health and non-medical health professionals – Ahpra registered

- 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

- Accredited practicing dietitian
- Audiologist
- Diabetes educator
- Exercise physiologist
- Mental health nurse
- Orthoptist
- Social worker
- Speech pathologist

Aboriginal and Torres Strait Islander primary health care professionals

- Aboriginal and Torres Strait Islander health worker – non Ahpra registered
- Aboriginal and Torres Strait Islander health practitioner – Ahpra registered

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 **servicesaustralia.gov.au/hppbsprescribers**

Documents required with your initial application

To see what evidence you will need to supply for your health profession, go to **servicesaustralia.gov.au/hpmedicarebenefits**

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 and representative public dental practitioners

Public dental services are Australian Government funded and are provided free of charge to eligible patients. These services are delivered through a range of public facilities including mobile dental clinics, school dental clinics and community dental clinics. For more information about recognition as a dental practitioner, go to **servicesaustralia.gov.au/dentalrecognition**

Dental hygienists, dental therapists and oral health therapists

Dental hygienists, dental therapists and oral health therapists can claim Child Dental Benefits Schedule (CDBS) services only within their scope of practice from 1 July 2022.

Provider numbers

A provider number identifies the person, their health profession and the practice location where they practice their profession.

Provider numbers are allocated to enable eligible health professionals to:

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

You must apply for a unique provider number for each practice location and profession you provide services.

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) 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 addresses 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 (OMS) MBS items can only be issued to dental practitioners who have attained Fellowship of the Royal Australasian College of Dental Surgeons (FRACDS), completed the OMS training program, and approved by Medicare prior to 1 November 2004. Registered medical practitioners claiming OMS 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/hpmbsrecognition**

For more information

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

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

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, you will need to re-apply.

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Application for a Medicare provider number or prescriber number for allied health, other primary health care, and non-medical health professionals (HW093)

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

☐ An initial provider number

☐ An additional provider number

▶ Existing provider number

☐ To re-open a location

▶ Currently closed provider number

☐ To close a location

▶ 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 or qualification

▶ Provider number for location

If you require recognition of additional training 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

☐ Chiropractor
☐ Dental hygienist
☐ Dental practitioner (including dental specialists)
☐ Dental prosthetist
☐ Dental therapist
☐ Occupational therapist
☐ Optometrist
☐ Oral health therapist
☐ Osteopath
☐ Physiotherapist
☐ Podiatrist
☐ Psychologist
☐ Representative public dentist
☐ Representative public dental therapist
☐ Representative public dental hygienist
☐ Representative public oral health therapist

Allied health professionals – non Ahpra registered

☐ Accredited practicing dietitian
☐ Audiologist
☐ Diabetes educator
☐ Exercise physiologist
☐ Mental health nurse
☐ Orthoptist
☐ Social worker
☐ Speech pathologist

Aboriginal and Torres Strait Islander primary health care professionals

☐ Aboriginal and Torres Strait Islander health worker – non Ahpra registered
☐ Aboriginal and Torres Strait Islander health practitioner – Ahpra registered

MCA0HW093 2511

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 ☐ Mx ☐ Other ☐

Family name

First given name

Second given name

4 Your date of birth (DD MM YYYY)

5 Your gender

Male ☐
Female ☐
Non-binary ☐

6 Languages spoken (other than English)

Personal contact details

7 Postal address

Postcode

Business phone number (including area code)

Mobile phone number

Email

Qualification

8 Professional qualification

Place obtained

Year obtained (YYYY)

Registration or membership details

9 Ahpra or relevant professional body registration or membership number

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

Provide a copy of your Ahpra registration certificate or professional body registration or 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 one location?

No ☐
Yes ☐

Where eligible, create additional provider numbers in HPOS or print and 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 practising 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 of this form.

Practice or hospital name

Unit ☐ Suite ☐ Shop ☐ Floor number ☐

Street number

Street name

Suburb or town

State ☐ Postcode ☐

Location phone number (including area code)

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 ☐ For information about web services for Medicare Online, go to **servicesaustralia.gov.au/practice-software**

Yes ☐ Minor ID (Location ID)

If you do not know your Location ID, contact your software developer who will provide it to you.

20 Does this practice use Medicare Easyclaim?

No ☐
Yes ☐ Name of the financial institution that supplied the EFTPOS device

Bank account details

All payments are made through electronic funds transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

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

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

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

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?

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 (required at **question 9**)	☐
Provide evidence if you are applying for an initial provider number (refer to **Documents required with your initial application** on page 1 of this form)	☐
If applying for more than one location, complete questions 11 to 21 for each additional location. (if you answered Yes at **question 10**)	☐

Privacy notice

23 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information so we can process and manage your applications and payments, and provide services to you. Services Australia only shares 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(s)
- I have read **servicesaustralia.gov.au/hppbsprescribers** and understand my legislative requirements on the use of my prescriber number(s)
- the information I have provided in this form is complete and correct.

I understand that:

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

Health professional's full name

Health professional's signature

On completion, print and sign by hand.

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.

Return this form and any supporting documents by:

- **post** to
  Services Australia
  Provider Registration Section
  GPO Box 9822
  In your capital city
- email to **provider.registration@servicesaustralia.gov.au**
  There may be risks with sending personal information through unsecured networks or email channels.
- fax to 02 6122 9739

Reset form