

Application for a Medicare provider number and/or prescriber number for a nurse practitioner or midwife (HW088)

Applying online

If you are an eligible nurse practitioner or midwife, under section 84AAF/84AAJ of the *National Health Act 1953*, and want to apply for an additional Medicare provider number, including a request to be authorised to receive a prescriber number (if required), 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 apply:

1. Sign in to your PRODA account and access HPOS.
2. Select My details.
3. Select My provider numbers > Create a new provider location (additional).

Complete the application. Indicate whether you are applying to become an authorised prescriber and receive a prescriber number. Submit your application.

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

When to use this form

Use this form if you are an eligible nurse practitioner or midwife:

- applying for an initial provider number and/or to be authorised for a prescriber number
- who cannot apply online for a provider and/or prescriber number.

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

Provider numbers

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

Provider numbers are allocated to enable eligible nurse practitioners and midwives to:

- provide services listed under the Medicare Benefits Schedule (MBS)
- refer patients 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 in.

A provider number may be issued to an eligible nurse practitioner or midwife to refer to specialists, consultant physicians and to request certain diagnostic imaging and pathology services while working in a public facility.

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 nurse practitioner or midwife is employed by, or under contract to, a facility that has been granted an exemption under either subsection 19(2) or 19(5) of the *Health Insurance Act 1973* (the Act).

To find out more about exemptions under the Act, go to legislation.gov.au

Medicare services must be provided by a private practitioner to privately billed patients. This means an eligible nurse practitioner or midwife cannot provide Medicare services as an employee of a public hospital or other government funded entity.

Eligibility for a provider number

Nurse practitioner

To apply for a provider number as a nurse practitioner, you must be registered with the Nursing and Midwifery Board of Australia and endorsed as a nurse practitioner.

Midwife

To apply for a provider number as a midwife, you must be registered as a midwife with the Nursing and Midwifery Board of Australia and hold an endorsement for scheduled medicines.

For more information about registration requirements, go to nursingmidwiferyboard.gov.au

Eligibility for a prescriber number

You must have successfully undertaken an approved prescribing qualification, and apply to be an authorised nurse practitioner or authorised midwife to receive a PBS prescriber number for the purposes of prescribing medicines under the PBS.

You **must** complete this application to prescribe under the PBS as an authorised nurse practitioner, even if you already have a prescriber number as an authorised nurse prescriber.

For information about prescribing for the PBS, go to servicesaustralia.gov.au/hppbsprescribers

Applicant's details

A provider and prescriber number will be issued in the name you are registered with Ahpra.

2 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Your gender

Male ☐

Female ☐

Non-binary ☐

5 Languages spoken (other than English)

Personal contact details

6 Postal address

Postcode

Business phone number (including area code)

Mobile phone number

Email

Health profession

7 Select the profession this application relates to. One application form per profession:

Tick one only

Nurse practitioner ☐

Midwife ☐

Qualification

8 Professional qualification

Place obtained

Year obtained (YYYY)

Registration details

9 Ahpra registration number

You **cannot** be allocated a provider number or prescriber number unless you are registered with Ahpra in the profession you are applying for.



Provide a copy of your Ahpra registration certificate if applying for an initial application.

Required location

10 Are you applying for more than one location?

No ☐

Yes ☐



Print and complete questions 11 to 22 for **each** additional location.

11 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

12 Read this before answering the following questions.

Questions 12 and 13 relate to government funded medical services. For help completing these questions, refer to **Claiming a Medicare benefit** on page 1 of this form.

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

No ☐

Yes ☐

13 Is this a government funded Medicare Urgent Care Clinic?

Urgent Care Clinics provide episodic care for non-life threatening urgent conditions requiring same day assessment or treatment at no cost to patients.

No ☐

Yes ☐

Organisation Site ID

14 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

15 Will you or your patients be claiming a Medicare or Department of Veterans' Affairs (DVA) benefit for services provided at this location?

No – refer and request only ☐ **Go to 23**

Yes ☐

16 Read this before answering the following questions.

Questions 16 to 19 and 22 **must** be completed. These are the details of the person, business or organisation that will receive the Medicare benefit for the location and the provider number being applied for.

Your employment status at this location is:

Tick one only

Self ☐ Individual proprietor ☐

Sole trader ☐

Joint owner in a partnership ☐

Employee ☐ Salaried ☐

Contracting organisation ☐

17 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.

18 Business type:

Tick one only

Individual proprietor ☐

Partnership ☐

Unincorporated association ☐

Company ☐

State government ☐

Territory government ☐

Other public body ☐

19 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 ☐

20 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.

21 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.

- 22** Provide the bank account details for the recipient of Medicare benefit for the location(s) named at **question 14**.

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

- 23** 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 (at **question 9**) ☐

If applying for more than one location, complete questions 11 to 22 for each additional location (if you answered Yes at **question 10**) ☐

Privacy notice

- 24** 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

Eligible nurse practitioner's or midwife's declaration

25 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
- I have read servicesaustralia.gov.au/hppbsprescribers and understand my legislative requirements on the use of my PBS prescriber number
- the information I have provided in this form is complete and correct.

I acknowledge that:

- prior to claiming a Medicare benefit I:
 - will be working in a private capacity, or where either a 19(2) or 19(5) exemption has been granted, and
 - am registered with and satisfy the Registration Standards of the Nursing and Midwifery Board of Australia, and
 - hold endorsement for scheduled medicines (eligible midwives only), or
 - hold endorsement as a nurse practitioner (eligible nurse practitioners only).

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.

Nurse practitioner's or midwife's full name

Nurse practitioner's or midwife'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:

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

Reset form