Australian Government
Services Australia

medicare

Application for a Medicare provider number or prescriber number for a medical practitioner (HW019)

Apply online

You can apply for a Medicare provider number and receive a prescriber number (if required) online using Health Professional Online Services (HPOS).

To find out if you can apply online, go to **hpe.servicesaustralia.gov.au** and search 'Can I apply online for a Medicare provider number?'

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**.

Apply using this form

You can use this form if you are a medical practitioner and you want to:

- apply for a provider number
- apply for a prescriber number
- make changes to an existing provider number, including:
  - close a location
  - change the date a location closes
  - remove the date a location closes.

To find out about Medicare as a medical practitioner, go to **servicesaustralia.gov.au/hpmedicarebenefits**

Provider numbers

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

You must apply for a separate provider number for each practice location and profession in which you provide Medicare services.

Provider numbers are allocated to enable eligible medical practitioners to do one or more of the following:

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

Applications for a new provider number and changes to an existing provider number are made under sections 22D, 22K, 22M and 22P of the *Health Insurance Act 1973*.

Prescriber numbers

You must have a prescriber number to prescribe medicine(s) to patients under the PBS.

Medical practitioners can be issued a prescriber number where their Australian Health Practitioner Regulation Agency (Ahpra) registration allows them to prescribe medicine(s).

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

Recognition as a specialist or consultant physician

If recognition is required for access to Medicare as a specialist or consultant physician, you can apply online using HPOS. You can access the digital specialist recognition form at the same time as applying for your initial Medicare provider number. You can also access this form on the My digital specialist recognition tile as a stand-alone process.

If you cannot apply online, complete an **Application for recognition as a specialist or consultant physician (HW077)** form. This form is available at **servicesaustralia.gov.au/hw077**

Referring patients and requesting services

An eligible medical practitioner may use a provider number to refer patients to specialists or consultant physicians and request diagnostic imaging and pathology services, where the referral or request is required for the patient to access a Medicare benefit.

This applies when working in public or private facilities.

Claiming a Medicare benefit

Medicare benefits are payable for eligible services provided in a private capacity. They cannot be claimed for services provided while working in a public facility, except where the health professional is employed by, or under contract to, a facility with an exemption under subsection 19(2) or 19(5) of the *Health Insurance Act 1973*.

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

Important information

Supporting documents

Provide a copy of your Ahpra registration certificate with your initial application.

Depending on your circumstances, you may also need to provide:

- personal pages of your passport
- evidence of your current residency status (for example, visa or citizenship documents)
- a copy of the medical board registration from the date of first registration
- evidence of your residency status at your date of enrolment in an accredited medical school in Australia or New Zealand
- a letter of support from your employer as to why you require access to Medicare benefits and the period required.

Change in residency status

If you are a temporary resident and become a permanent resident or Australian citizen, **you must tell us immediately**. Any delay or failure to notify a change of residency status may mean you receive money that you are not entitled to and may result in a debt.

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.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals** or call 1300 302 122 (call charges may apply) 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.

STOP 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 reapply.

1 What would you like to apply for? **Tick one only**

☐ A provider number

▶ ***Go to 2***

☐ A provider number **and** a prescriber number

▶ ***Go to 2***

☐ A prescriber number

If you are **only** applying for a prescriber number, you must already have a provider number allocated. Give details below.

▶ Provider number

If you are applying for a prescriber number only, complete questions 4 to 11, and 34 to 35 only.

▶ ***Go to 4***

2 Provider number **Tick one only**

☐ Apply for a new provider number

Select this if you want to apply for a provider number that has not previously been allocated to you for this location.

Do you already have a provider number?

No ☐

Yes ☐ ▶ Existing provider number (if known)

▶ ***Go to 4***

☐ Make changes to a provider number you already have

Select this if you want to close a location, change the date it closes or remove the date the location closes.

If you are making changes to a provider number you already have, complete questions 3 to 18 and 21 to 35 only.

▶ ***Go to 3***

3 What changes would you like to make? **Tick one only**

☐ Close a location (suspend a provider number)

Select this if the provider number does not currently have an end date and you want to close it.

▶ Provider number for the location you would like to close

Address for location

Postcode

New location end date
(the day before the new suspension starts) (DD MM YYYY)

▶ ***Go to 4***

☐ Change the date a location closes (change the date of effect of suspension)

Select this if the provider number already has a closure date and you want to change it with a new date.

▶ Provider number for the location you would like to change the closure date

Address for location

Postcode

New location end date
(the day before the new suspension starts) (DD MM YYYY)

▶ ***Go to 4***

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☐ Remove the date the location closes (lift the suspension)

Select this if the provider number has an end date and you want to remove the date so the provider number can be used again.

▶ Provider number for the location you would like to remove the closure date

Address for location

Postcode

New start date (the first day you want to use the provider number again) (DD MM YYYY)

▶ ***Go to 4***

Applicant's details

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

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

Family name

First given name

Second given name

5 Your date of birth (DD MM YYYY)

6 Your gender

Male ☐

Female ☐

Non-binary ☐

7 Languages spoken (other than English)

Personal contact details

8 Postal address

Postcode

9 Business phone number (including area code)

Mobile phone number

Email

Residency status

You **must** immediately notify Services Australia of **any change** in your residency status.

10 What is your current residency status?

☐ Australian citizen

☐ Born in Australia ▶ ***Go to 13***

or

Date you became an Australian citizen (DD MM YYYY) ▶ ***Go to 12***

or

☐ Permanent resident

Date you became a permanent resident (if born in Australia provide date of birth) (DD MM YYYY) ▶ ***Go to 12***

or

☐ Temporary resident ▶ ***Go to 11***

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

No ☐

Yes ☐

Qualification

12 Did you obtain your primary medical qualification in an accredited medical school in Australia or New Zealand?

No ☐ ▶ For an initial provider number, it is mandatory to supply a copy of your current visa.

Yes ☐ ▶ For an initial provider number and for any change in residency status, it is mandatory to supply evidence of your residency status at your date of enrolment.

Provide evidence of your residency status at your date of enrolment (for example, your visa).

13 Primary medical qualification

Country obtained

Medical school

Year obtained (YYYY)

14 Did you obtain your primary medical qualification from an overseas medical college, are subject to the 10-year moratorium and require access to Medicare benefits?

No ☐

Yes ☐

Provide:
- a copy of your current medical registration
- personal pages of your passport
- current visa status, and
- a letter of support from your employer as to why you require access to Medicare benefits and the period required.

15 Have you signed a Bonded Program agreement with the Department of Health, Disability and Ageing?

No ☐

Yes ☐ Which one?

Bonded Medical Program ☐

or

Medical Rural Bonded Scholarship (MRBS) – Legacy program ☐

or

Bonded Medical Places (BMP) – Legacy program ☐

Registration details

16 Ahpra registration number

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

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

17 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

18 Have you applied for:

Specialist or consultant physician recognition with Medicare ☐

Specialist registration as a general practitioner through Ahpra ☐

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

Required location

19 Are you applying for more than one location?

No ☐

Yes ☐

Where eligible, create additional provider numbers in HPOS or print and complete questions 20 to 32 for **each** additional location.

20 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

21 **Read** this before answering the following questions.

Questions 21 and 22 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 ☐

22 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

23 Are you applying to be registered on the Register of Approved Placements under section 3GA of the *Health Insurance Act 1973* and 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 Services Australia. For more information about approved section 3GA programs, go to **health.gov.au**

24 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

25 **Read** this before answering the following questions.

Questions 25 to 32 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.

What do you want to do at this location?

Tick one only

Refer and request only ☐ ***Go to 33***

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

Refer, request and assist at private operations only ☐

26 Your employment status at this location is:

Tick one only

Self	Individual proprietor ☐
	Sole trader ☐
	Joint owner in a partnership ☐
Employee	Salaried ☐
	Contracting organisation ☐

27 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)

Registered (entity) business name

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

28 Business type:

Tick one only

Individual proprietor ☐
Partnership ☐
Unincorporated association ☐
Company ☐
State government ☐
Territory government ☐
Other public body ☐

29 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 ☐

30 Does this practice use Medicare Online?

No ☐
Yes ☐ Practice Management Software Location ID

31 Does this practice use Medicare Easyclaim?

No ☐
Yes ☐ Name of 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 24.

All payments are made through electronic funds transfer (EFT). You must nominate an account that can accept EFT deposits.

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

32 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

33 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.

A copy of your current medical registration certificate, if applying for an initial provider number (if required at **question 16**)	☐
Evidence of your current residency status, if applying for an initial provider number (if you answered No at **question 12**)	☐
Evidence of your residency status at your date of enrolment, if applying for an initial provider number (if you answered Yes at **question 12**)	☐
A copy of your current medical registration (if you answered Yes at **question 14**)	☐
Personal pages of your passport and current visa status (if you answered Yes at **question 14**)	☐
A letter of support from your employer as to why you require access to Medicare benefits, the practice location address, and the period required (if you answered Yes at **question 14**)	☐
A copy of the medical board registration from the date of first registration (if you answered Yes at **question 17**)	☐
If applying for more than one location, complete questions 20 to 32 for each additional location (if you answered Yes at **question 19**)	☐

Privacy notice

34 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**

Medical practitioner's declaration

35 **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 acknowledge that:

- I **must** notify Services Australia of any changes to my residency status, as this change may impact my eligibility to access Medicare.

I understand that:

- this form must not be amended, altered or stored
- 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.

Medical practitioner's full name

Medical practitioner's signature

On completion, print and sign by hand.

Digital or electronic signatures are not acceptable.

Date (DD MM YYYY)

Returning this form

STOP 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