Australian Government
Services Australia

medicare

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

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 provider numbers**.
4. Select **Create a new provider location**.
5. Complete the questions and select **Submit**.

Apply using this form

You can use this form if you are an eligible nurse practitioner or midwife and you want to:

- apply for a provider number
- apply to be authorised as a nurse practitioner or midwife and receive 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 health professional, 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 nurse practitioners and midwives 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 to patients under the PBS.

To receive a prescriber number, you must apply to be authorised to prescribe under the PBS:

- as a nurse practitioner under section 84AAJ of the *National Health Act 1953*
- as a midwife under section 84AAF of the *National Health Act 1953*.

This applies even if you already have a prescriber number as an authorised nurse prescriber.

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

Referring patients and requesting services

An eligible health professional 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**

Eligibility for provider and prescriber numbers

You must meet the registration requirements for your profession.

Nurse practitioner

You must be registered as a nurse with the Nursing and Midwifery Board of Australia and hold an endorsement as a nurse practitioner.

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**

Important information

Supporting documents

Provide a copy of your Australian Health Practitioner Regulation Agency (Ahpra) registration certificate with your initial application.

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 incomplete 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, as an authorised nurse practitioner or authorised midwife and receive a prescriber number

▶ ***Go to 2***

☐ To be an authorised nurse practitioner or authorised midwife and receive a prescriber number

If you are applying for a prescriber number only, complete questions 4 to 11, and 25 to 27 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 11 and 14 to 27 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.

▶ 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 and prescriber number will be issued in the name you are registered with 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

Business phone number (including area code)

Mobile phone number

Email

Health profession

9 Select the profession this application relates to. One application form per profession.

Tick one only

Nurse practitioner ☐
Midwife ☐

Qualification

10 Professional qualification

Place obtained

Year obtained (YYYY)

Registration details

11 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

12 Are you applying for more than one location?

No ☐
Yes ☐ ▶

Print and complete questions 13 to 24 for **each** additional location.

13 Location start date (DD MM YYYY)

Location end date (optional)
(the day before the suspension starts) (DD MM YYYY)

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

Questions 14 and 15 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 ☐

15 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

16 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

17 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 25***

Yes ☐

18 Read this before answering the following questions.

Questions 18 to 24 **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 ☐

19 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.

20 Business type:

Tick one only

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

21 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 ☐

22 Does this practice use Medicare Online?

No ☐ For information about web services for Medicare Online, go to **servicesaustralia.gov.au** and search '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.

23 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). 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.

24 Provide the bank account details for the recipient of Medicare benefit for the location(s) named at **question 16**.

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

25 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 11**)	☐
If applying for more than one location, complete questions 13 to 24 for each additional location (if you answered Yes at **question 12**)	☐

Privacy notice

26 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

27 **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

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