

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

Who should use this form

Allied health professionals

- Aboriginal and Torres Strait Islander Health Practitioner
- Aboriginal Health Worker
- Accredited Practising Dietitian
- Audiologist
- Chiropractor
- Diabetes Educator
- Exercise Physiologist
- Mental Health Nurse
- Occupational Therapist
- Orthoptist
- Osteopath
- Physiotherapist
- Podiatrist
- Psychologist
- Social Worker
- Speech Pathologist

Non-medical health professionals

- Dental practitioner (including dental specialists and prosthetists)
- Optometrist

When to use this form

Use this form if you are an eligible health professional and would like to apply for an initial or subsequent Medicare provider number and/or prescriber number. You can also close locations or re-open a previously closed location, using this form. To find out if you are eligible to register, claim or access Medicare services, go to servicesaustralia.gov.au/hpmedicarebenefits

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

Prescriber numbers

Prescriber numbers are allocated to optometrists and dental practitioners where your Australian Health Practitioner Regulation Agency (Ahpra) registration allows you to prescribe. Allied health professionals cannot prescribe.

Documents required with your initial application

Go to servicesaustralia.gov.au/hppbsprescribers to see what evidentiary documents you need to supply for your health profession.

Ahpra registered applicants

You must 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 evidentiary documents from your relevant professional association (registration record, certification, evidence of membership) showing recognition in your health profession with your initial application. Medicare receives updates to your eligibility status direct from your professional association.

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)

Representative Public Dentists are required to provide specific documents in support of a provider number application. For more information about the recognition as a dental practitioner, go to servicesaustralia.gov.au/hpmedicarebenefits

Applying online using Health Professional Online Services (HPOS)

Use HPOS to create subsequent locations when you have an existing provider number and there are no eligibility restrictions on the locations (for example, government funded entity, registration restrictions). HPOS provides a secure and convenient online service for health professionals to streamline interactions with Medicare.

HPOS allows eligible non-restricted health professionals to:

- apply for a subsequent location provider number
- close and re-open provider locations
- update address and contact details
- update banking details.

To 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 servicesaustralia.gov.au/hpos

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.

Health profession

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

Tick ONE only

Allied health – Ahpra registered

- Aboriginal and Torres Strait Islander Health Practitioner
Chiropractor
Occupational Therapist
Osteopath
Physiotherapist
Podiatrist
Psychologist

Allied health – non-Ahpra registered

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

Non-medical – Ahpra registered

- Optometrist

Dental practitioner – Ahpra registered

- Dentist
Dento-maxillofacial Radiology
Endodontics
Oral medicine and/or Oral Pathology
Oral and Maxillofacial Surgery *Read notes on page 2*
Oral Surgery
Orthodontics
Paedodontics
Periodontics
Prosthodontics
Representative Public Dentist *Read notes on page 1*
Special Needs Dentistry
Dental Prosthetist

Applicant's details

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

- 3 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 4 Your date of birth

- 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 for an initial provider number. Information about the specific evidentiary documents we require with your application is available at servicessaustralia.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 address details of 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 Location end date (optional)

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 21 are the details of the person/business/organisation that will receive the Medicare benefit/payment 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/organisation who will receive the Medicare benefit/payment. 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 Medicare benefit/payment 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?

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

If applying for more than one 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/hppbsprescriber

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 it is protected by law. We need to 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/privacy

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

Returning your form

Check all required questions are answered and the form is signed and dated.

Your application will be returned to you if all 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**

• by 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		