

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

When to use this form

Use this form if you are an eligible medical practitioner and would like to apply for an initial or subsequent Medicare provider number and/or a prescriber number.

To find out if you are eligible to register, claim or access Medicare services, 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

Recognition

If recognition is required for access to Medicare as a general practitioner, specialist or consultant physician, you must also complete one of the following:

Application for Vocational Registration of General Practitioner (HW060)

Application for recognition as a General Practitioner – Fellows of the Royal Australian College of General Practitioners (HW075)

Application for recognition as a General Practitioner – Fellow of the Australian College of Rural and Remote Medicine (HW076)

Application for recognition as a Specialist or Consultant Physician (HW077)

Forms are available at servicesaustralia.gov.au/hpforms

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.

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) and/or 19(5) of the *Health Insurance Act 1973*.

Medicare services must be provided by a private practitioner 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 address may be publicly available, for example:

- viewable in patient claims history in myGov
- included on written referrals
- available to private health funds.

For more information

Go to servicesaustralia.gov.au/healthprofessionals or call **132 150** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Filling in this 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. You do not need to answer the questions in between.

Note: An application will be returned if information is missing and/or not signed. Digital or electronic signatures are not acceptable.



Have you considered applying through HPOS?



MCA0HW019 2005

11 Primary medical qualification

Country obtained

Medical school

Year obtained

12 Did you obtain your base medical qualification from an overseas medical college, are subject to the Ten 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.

13 Have you signed a Bonded Program agreement with the Department of Health?

No

Yes Medical Rural Bonded Scholarship (MRBS)

or

Bonded Medical Places (BMP)

Registration details

14 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.

15 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 if not previously supplied.

Recognition

16 Have you applied for recognition as a:

Specialist or consultant physician

General practitioner

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

Required location

17 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 3 and 4 of this form, as required. Complete questions 17 to 29 for **each** additional location.

18 Location start date Location end date (optional)

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

No

Yes

20 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**

21 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 1.

Practice or hospital name

Unit Suite Shop Floor number

Street number Street name

Suburb/Town

State Postcode

Location phone number

Email

22 Which one of the following do you want to do at this location:

Tick ONE only

Refer and request only (such as hospital interns) **Go to 30**

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

Refer, request and assist at private operations only

Read this before answering the following questions.

Questions 23 to 25 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.

23 Your employment status at this location is:

Tick ONE only

Self Individual proprietor

Sole trader

Joint owner in a partnership

Employee Salaried

Contracting organisation

24 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 abr.business.gov.au

Australian Business Number (ABN)

Australian Company Number (ACN) (If applicable)

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Registered (entity) business name

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

25 Business type:

Tick ONE only

Individual proprietor

Partnership

Unincorporated association

Company

State Government

Territory Government

Other public body

26 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

27 Does this practice use Medicare Online?

No

Yes Give details below

Practice Management Software Location ID

28 Does this practice use Medicare Easyclaim?

No

Yes Give details below

Name of 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 21.

29 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

30 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.

Evidence of your residency status at your date of enrolment. <i>(if you answered Yes at question 10)</i>	<input type="checkbox"/>
A copy of your current medical registration. <i>(if you answered Yes at question 12)</i>	<input type="checkbox"/>
Personal pages of your passport and current visa status. <i>(if you answered Yes at question 12)</i>	<input type="checkbox"/>
A letter of support from your employer as to why you require access to Medicare benefits, the practice location address, and the period required. <i>(if you answered Yes at question 12)</i>	<input type="checkbox"/>
A copy of your current medical registration certificate if applying for an initial provider number.	<input type="checkbox"/>
A copy of the medical board registration from the date of first registration. <i>(if you answered Yes at question 15)</i>	<input type="checkbox"/>
If applying for more than one location, provide a copy of pages 3 and 4 of this form. <i>(if you answered Yes at question 17)</i>	<input type="checkbox"/>

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/hpmedicarebenefit

Privacy notice

31 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

Medical Practitioner's declaration

32 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 Medicare of any changes to my residency status as this change may impact my eligibility to access Medicare benefits.

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.

Medical Practitioner's full name

Medical Practitioner'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**



Western Health Required Location Listings

(Questions 16 and 19 on the Application for an initial Medicare provider number for a Medical Practitioner Form)

(Question 10 and 12 on the Application for an additional location Medicare provider number for a Medical Practitioner Form)

FOOTSCRAY HOSPITAL

Gordon Street
Footscray Vic 3011

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

SUNSHINE HOSPITAL

176 Furlong Road
St Albans Vic 3021

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

WILLIAMSTOWN HOSPITAL

Railway Crescent
Williamstown Vic 3016

Phone: (03) 8345 6916
Fax: (03) 8345 6355

Dates of Rotations: / / to / /

SUNBURY DAY HOSPITAL

7 Macedon Street
Sunbury Vic 3429

Phone: (03) 9732 8600
Fax: (03)

Dates of Rotations: / / to / /

Other Possible Rotation Locations as part of Western Health Employment that you will need to organise a Provider Number for, please see next listing and tick the appropriate locations and complete dates of rotations:

Other Possible Rotation Locations as part of Western Health Employment please see listing below and tick the appropriate locations and complete dates of rotations:

ALBURY WODONGA HEALTH Yes
 Vermont Street
 Wodonga Vic 3689

 Phone: (02) 6051 7111
 Fax: (02) 6051 7477
Dates of Rotations:
 / / to / /

BALLARAT HEALTH SERVICE Yes
 Drummond Street
 Ballarat Vic 3350

 Phone: (03) 5320 6748
 Fax: (03) 5320 4554
Dates of Rotations:
 / / to / /

GOULBURN VALLEY HEALTH Yes
 Graham Street
 Shepparton Vic 3630

 Phone: (03) 5832 2739
 Fax: (03) 5821 1648
Dates of Rotations:
 / / to / /

MILDURA BASE HOSPITAL Yes
 13th Street
 Mildura Vic 3052

 Phone: (03) 5022 3478
 Fax: (03) 5022 3234
Dates of Rotations:
 / / to / /

ROYAL CHILDRENS HOSPITAL Yes
 Flemington Road
 Parkville Vic 3052

 Phone: (03) 9354 5144
 Fax: (03) 9345 5868
Dates of Rotations:
 / / to / /

ROYAL MELBOURNE HOSPITAL Yes
 Grattan Street
 Parkville Vic 3052

 Phone: (03) 9342 7739
 Fax: (03) 9342 8388
Dates of Rotations:
 / / to / /

WARRNAMBOOL HOSPITAL Yes
 Ryot Street
 Warrnambool Vic 3280

 Phone: (03) 5564 4112
 Fax: (03) 5563 1684
Dates of Rotations:
 / / to / /

WERRIBEE MERCY HOSPITAL Yes
 300 Princess Highway
 Werribee Vic 3030

 Phone: (03) 9216 8588
 Fax: (03) 921 8777
Dates of Rotations:
 / / to / /

WESTERN PRIVATE HOSPITAL Yes
 1 – 9 Marion Street
 Footscray Vic 3011

 Phone: (03) 9318 3177
 Fax: (03) 9318 3590
Dates of Rotations:
 / / to / /

ST JOHN OF GOD HOSPITAL Yes
 101 Drummond Street
 North Ballarat Vic 3350

 Phone: (03) 5320 2111
 Fax: (03) 5333 1682
Dates of Rotations:
 / / to / /

DJERRIWARRH HEALTH SERVICES Yes
 35 Grant Street
 Bacchus Marsh Vic 3340

 Phone: (03) 5367 2000
 Fax: (03) 5367 4537
Dates of Rotations:
 / / to / /