

# 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](https://servicesaustralia.gov.au/hpmedicarebenefits)

For more information about PBS and prescriber numbers, go to [servicesaustralia.gov.au/hppbsprescribers](https://servicesaustralia.gov.au/hppbsprescribers)

## Applying online using Health Professional Online Services (HPOS)

If there are no eligibility restrictions (for example, government funded entity or registration restrictions), you can apply online using HPOS. 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 create an account and/or 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](https://servicesaustralia.gov.au/hpos)

## 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 are not able to prescribe.

## Documents required with your initial application

Go to [servicesaustralia.gov.au/hpmedicarebenefits](https://servicesaustralia.gov.au/hpmedicarebenefits) to see what evidence you will 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](https://ahpra.gov.au)

### Non-Ahpra registered applicants

You **must** provide evidence of your registration from your relevant professional association (for example, registration record, certification, evidence of membership) showing recognition in your health profession with your initial application.

### 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 to support a provider number application. For more information about recognition as a dental practitioner, go to [servicesaustralia.gov.au/hpmedicarebenefits](https://servicesaustralia.gov.au/hpmedicarebenefits)

## 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 health professional in private practice 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:

- included on written referrals
- available to private health funds.

## Access to Oral and Maxillofacial Surgery MBS items

A provider number for the claiming of Oral and Maxillofacial Surgery MBS items can only be issued to dental practitioners who have attained Fellowship of the Royal Australian College of Dental Surgeons and have completed the Oral and Maxillofacial Surgery Training Program FRACDS (OMS) and approved by Medicare prior to 1 November 2004. Registered medical practitioners claiming Oral and Maxillofacial Surgery MBS items cannot use this form. They must apply for recognition as a Specialist or Consultant Physician with Medicare. For more information, go to [servicessaustralia.gov.au/hpmbarecognition](http://servicessaustralia.gov.au/hpmbarecognition)

## For more information

Go to [servicessaustralia.gov.au/hpmedicarebenefits](http://servicessaustralia.gov.au/hpmedicarebenefits) or call **132 150** Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

### Filling in this form

You can complete this form on your computer, print and sign it.

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.

Digital or electronic signatures are not acceptable.

If eligible, have you considered applying through HPOS?



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, it will be returned and you will need to re-apply.

## 1 What would you like to apply for? Tick all that apply

- An initial provider number
- A subsequent provider number

▶ Existing provider number

- To re-open a location

▶ Currently closed provider number

- To close a location

▶ Provide details below:

Provider number for location

Address for location

  

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Postcode

Location end date (DD MM YYYY)

  

**If you are closing, complete questions 1, 3, 4, 7 and 24 only**

- Prescriber number

If you are applying for a prescriber number only (you must already have a provider number allocated) provide details:

▶ Provider number

For a prescriber number to be allocated you will need to have a provider number. You can apply for a provider number using this form. You **must** answer all the questions in this form.

**If you are applying for a prescriber number only and already have a provider number, complete questions 1, 3, 4, 7 and 24 only**

- Require recognition of additional training and/or qualification

▶ Provide details below:

Provider number for location

**If you require recognition of additional training and/or qualification, complete questions 1, 2, 3, 4, 7, 8, 9, and 24 only.**



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## 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 a relevant professional body.

- 3 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

- 4 Your date of birth (DD MM YYYY)

- 5 Your gender

Male

Female

- 6 Languages spoken (other than English)

## Personal contact details

- 7 Postal address

  

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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 if applying for an initial provider number.

For more information about the evidence you need to provide, go to [servicesaustralia.gov.au/hpmedicarebenefits](http://servicesaustralia.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 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 (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

- 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 18 and 21 **must** be completed. These questions will tell us the details of the person, business or organisation that will receive the Medicare benefit 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 or organisation who will receive the Medicare benefit. The ABN can be found on ABN lookup at [abr.business.gov.au](http://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 the Medicare benefit 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?

**Your application will be returned to you if all relevant documentation is not supplied or is incomplete.**

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

If applying for more than 1 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/hppbpsprescribers](http://servicesaustralia.gov.au/hppbpsprescribers)

For more information about Medicare services, go to [servicesaustralia.gov.au/hpmedicarebenefits](http://servicesaustralia.gov.au/hpmedicarebenefits)

### Privacy notice

23 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/privacy](http://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](http://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 (DD MM YYYY)

### Returning your form



Check that you have answered all the required questions and the form is signed and dated.

**Your application will be returned to you if all the 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
- 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**