

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

## Applying online

If you are an eligible medical practitioner and would like to apply for a Medicare provider number or prescriber number, you can apply online using Health Professional Online Services (HPOS).

To access HPOS you need an individual Provider Digital Access (PRODA) account. If you do not have one, go to [servicesaustralia.gov.au/proda](https://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](https://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.

## When to use this form

Use this form if you:

- are only applying for a prescriber number
- are a medical practitioner with eligibility restrictions and want to apply for an additional Medicare provider number. To find out if you have eligibility restrictions, go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) and search for 'applying for additional Medicare provider numbers if you're a medical practitioner'
- cannot apply online for a provider or prescriber number
- cannot apply online and are closing locations or re-opening a previously closed location.

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)

## Recognition

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 can't apply online, complete an **Application for recognition as a specialist or consultant physician (HW077)** form. This form is available at [servicesaustralia.gov.au/hpforms](https://servicesaustralia.gov.au/hpforms)

## Access to Medicare

You must apply for a unique provider number for each location 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 or consultant physicians, where eligible
- request certain imaging and pathology services, where eligible.

The provider number identifies the service's location. 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) or 19(5) of the *Health Insurance Act 1973*.

To find out more about exemptions under this Act, go to [legislation.gov.au](https://legislation.gov.au)

Select 'In force' and 'Notifiable instrument', then search for 'Medicare benefits payable in respect of professional services'.

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.

## 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 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](https://servicesaustralia.gov.au/healthprofessionals) or call 132 150 Monday to Friday, 8:30 am to 5 pm, local time.

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

## 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](http://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.



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 re-apply.

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

- An initial provider number  
 A subsequent provider number for a new location

▶ Existing provider number

- To re-open a location

▶ Currently closed provider number

- To close a location

▶ Provider number for location

Address for location

  

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Location end date (DD MM YYYY)

**If you are closing, complete questions 1, 2, 3, 6, 7, 34 and 35 only.**

- Prescriber number

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

▶ Provider number

**If you are applying for a prescriber number only, (and already have a provider number) complete questions 1, 2, 3, 6, 7, 34 and 35 only.**

## Applicant's details

A provider number will be issued in the name in which you are registered with the Australian Health Practitioner Regulation Agency (Ahpra).

- 2 Dr  Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

- 3 Your date of birth (DD MM YYYY)

- 4 Your gender Male  Female  Non-binary

- 5 Languages spoken (other than English)

## Personal contact details

- 6 Postal address

  

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Postcode

- 7 Business phone number (including area code)

Mobile phone number

Email



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## Required location

17 Are you applying for more than one location?

No

Yes



Where eligible, create subsequent provider numbers in HPOS or print and complete questions 18 to 32 for **each** additional location.

18 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

### Read this before answering the following questions.

Questions 19 to 22 relate to government funded medical services. For help completing these questions, refer to **Claiming a Medicare benefit** on page 1 of this form.

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

No

Yes

20 Is this a government funded Headspace Centre and the services provided are by a general practitioner?

No

Yes

21 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

22 Is this a government funded General Practitioner Led Respiratory Clinic (GPRC)?

GPRC is the establishment of a stand-up, stand-down program that can be activated during a health emergency where there is potential for health system overwhelm.

No

Yes

23 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 1 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

### Read this before answering the following questions.

Questions 25 to 31 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.

25 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 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](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.

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.

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

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

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.

Evidence of your current residency status, if applying for an initial provider number.  
(if you answered No at **question 10**)

Evidence of your residency status at your date of enrolment, if applying for an initial provider number.  
(if you answered Yes at **question 10**)

A copy of your current medical registration.  
(if you answered Yes at **question 12**)

Personal pages of your passport and current visa status.  
(if you answered Yes at **question 12**)

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 12**)

A copy of the medical board registration from the date of first registration.  
(if you answered Yes at **question 15**)

If applying for more than one location, complete questions 18 to 32 for each additional location.  
(if you answered Yes at **question 17**)

## 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](https://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](https://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 benefits.**

### 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

Digital or electronic signatures are not acceptable.

Date (DD MM YYYY)

## Returning this form



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

Return this form and any supporting documents by:

- **post to**  
Services Australia  
Provider Registration Section  
GPO Box 9822  
In your capital city
- email to [provider.registration@servicesaustralia.gov.au](mailto:provider.registration@servicesaustralia.gov.au)  
There may be risks with sending personal information through unsecured networks or email channels.
- fax to 02 6122 9739