



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, visit humanservices.gov.au/hpmedicarebenefits

Health Professional Online Services (HPOS)

HPOS provides a secure and convenient online service for health professionals to streamline interactions with the department.

To access your record through HPOS, you will need a Provider Digital Access (PRODA) account.

HPOS allows eligible health professionals to:

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

To register for a PRODA account and to find out more about HPOS, go to humanservices.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 certification of eligibility for Vocational Registration of General Practitioners (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 humanservices.gov.au/hpforms

For more information

Go to humanservices.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.



Have you considered applying through HPOS?

- 1 Is this application for an **initial** or **subsequent** Medicare provider number?

Initial ☐

Subsequent ☐ Existing medicare provider number

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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 ☐ Other

Family name

First given name

Second given name

- 3 Your date of birth

	/		/	
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- 4 Your gender

Male ☐

Female ☐

- 5 Languages spoken (other than English)



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Residency status

You **must** immediately notify the Department of Human Services of **any change** in your residency status.

- 6** Were you born in Australia?
No ☐
Yes ☐ **Go to 11**
- 7** Are you currently a temporary resident?
No ☐
Yes ☐ **Go to 9**
- 8** What date did you become a permanent resident or Australian citizen?
 / /
- 9** Are you a New Zealand citizen or New Zealand permanent resident?
No ☐
Yes ☐

Qualification

- 10** Did you obtain your primary medical qualification in an accredited medical school in Australia or New Zealand?
No ☐
Yes ☐ Supply evidence of your residency status at your date of enrolment.
- 11** Primary medical qualification

Country obtained

Medical school

Year obtained
- 12** Have you signed a Scholarship Scheme agreement with the Department of Health?
No ☐
Yes ☐ Medical Rural Bonded Scholarship (MRBS) ☐
or
Bonded Medical Places (BMP) ☐

Personal contact details

13 Postal address

Postcode

14 Business phone number

Mobile number

Email

Registration details

15 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.

16 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.

Recognition

17 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

18 Are you applying for more than one location?

No ☐

Yes ☐



Print and provide a copy of pages 3 and 4, as required. Complete questions 19 to 31 for **each** additional location.

19 Location start date

Location end date

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 the Department of Human Services. For more information about approved section 3GA programs, go to **health.gov.au**

21 Practice information

Practice, hospital or health service name

Mater Health Services

Unit Suite Shop Floor number

Street number

Street name

Raymond Tce

Suburb

South Brisbane

State

Postcode

Practice phone number

(07) 3163 1111

Email

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

Tick ONE only

Refer and request only ☐ **Go to 31**

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

Refer, request and assist at private operations only (such as hospital interns) ☐

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 ☐

Business details relating to your employment at this location

Australian Business Number (ABN)

Australian Company Number (ACN) (If applicable)

Entity name

Trading as

24 Business type:

Tick ONE only

Individual proprietor ☐

Partnership ☐

Unincorporated association ☐

Company ☐

State Government ☐

Territory Government ☐

Other public body ☐

25 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 ☐

26 Does this practice use Medicare Online?

No ☐

Yes ☐ Give details below

Practice Management Software Location ID

27 Does this practice use Medicare Easyclaim?

No ☐

Yes ☐ Give details below

Name of the financial institution that supplied the EFTPOS device

28 Is this a government funded Aboriginal and Torres Strait Islander Health Service?

No ☐

Yes ☐

Bank account details

Provide the bank account details for the recipient of Medicare benefit payments for the location named at question 23.

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.

Prescriber number

30 Do you want a prescriber number for prescribing Pharmaceutical Benefits Scheme medicines under the *National Health Act 1953*?

No ☐

Yes ☐

Checklist

31 If you obtained your base medical qualification from an overseas medical college, are subject to the Ten Year Moratorium and you require access to Medicare benefits you need to supply:

A copy of your medical registration ☐

Personal pages of your passport and current visa status ☐

A letter of support from your employer as to why you require access to Medicare benefits and period required ☐

Privacy notice

32 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 humanservices.gov.au/privacy

Provider's declaration

33 I declare that:

- I am aware of my legal obligation to provide true and accurate information.
- I have read humanservices.gov.au/hpmedicarebenefits and understand my legislative requirements on the use of my Medicare provider number.

I acknowledge that:

- I must notify the department 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.

Provider's full name

Provider's signature



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.

Send the completed form(s) to:

Department of Human Services

Provider Registration Section

GPO Box 9822

in your capital city

or

Fax:

NSW/ACT **02 9895 3439**

Vic/NT **03 9605 7984**

Qld **07 3004 5634**

SA/Tas **08 8274 9307**

WA **08 9214 8201**