

# 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.

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)

## 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)

## Recognition

If recognition is required for access to Medicare as a specialist or consultant physician, you will need to complete the **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 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.

## Change in Residency Status

If you are a temporary resident and become a permanent resident **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, 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.

An application will be returned if information is missing and/or not signed. 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.



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**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 one 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 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 or organisation that will receive the Medicare benefit 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 or organisation who will receive the Medicare benefit.  
The ABN can be found on ABN lookup [abr.business.gov.au](http://abr.business.gov.au)

Australian Business Number (ABN)

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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 the Medicare benefit 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?

**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.

A copy of your current medical registration certificate if applying for an initial provider number.	<input type="checkbox"/>
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 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](http://servicesaustralia.gov.au/hppbsprescriber)

For more information about Medicare services, go to [servicesaustralia.gov.au/hpmedicarebenefit](http://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](http://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](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 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 in 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 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
- **by fax to:**

NSW/ACT	<b>02 9895 3439</b>	SA/Tas	<b>08 8274 9307</b>
Vic/NT	<b>03 9605 7984</b>	WA	<b>08 9214 8201</b>
Qld	<b>07 3004 5634</b>		