



Registered Medicare Australia Healthcare Professional Individual Certificate application

Important information

Complete this form to register for a Medicare Australia Healthcare Professional Individual Certificate.

Assistance

If you need assistance to complete this form please call the Medicare Australia eBusiness Service Centre on **1800 700 199**** or visit **www.medicareaustralia.gov.au**

Lodgement

Send completed and signed form to:

Manager

**eBusiness Service Centre
GPO Box 9822**

In your capital city

or fax to the eBusiness Service Centre in your state:

ACT/NSW: **(02) 9895 3190** VIC: **(03) 9605 7981**
TAS: **(03) 6215 5600** SA/NT: **(08) 8274 9408**
WA: **(08) 9214 8173** QLD: **(07) 3004 5526**

Tick where applicable

Name of applicant

Dr Mr Mrs Miss Ms Other

1 Family name

First given name

Other given name(s)

2 Street address

 Postcode

3 Postal address (if different to above)

 Postcode

4 Phone number

5 Fax number

6 Email (to be used on certificate)

 @

Note: If you wish to use your certificate for the purpose of secure email, a valid email address must be provided.

Medicare Australia reference ID

7 Provider number

or

Other Medicare Australia reference ID

Program type

Reference ID

Token type

8 Please indicate the type of token you would prefer for your certificate:

- Smartcard
 iKey

Operating system

9 Please indicate the type of operating system used:

- Windows
 Macintosh (Apple)
 Other (please specify)

Declaration

10 I declare that:

- information provided on this form is correct

Your signature

Date

Privacy note

The information provided by you on this form will be used by Medicare Australia to register you for a Registered Medicare Australia Healthcare Professional Individual Certificate and to contact you if required. Medicare Australia will not disclose your personal information to anyone else, unless required by law.

****Call charges apply from mobile and pay phones only.**