



Application for a Medicare provider/registration number for an orthoptist

Important information

Complete this form if you are an orthoptist applying for a Medicare provider/registration number.

This form will be returned if all required documentation or information is not provided. Please print clearly and complete all questions.

Assistance

If you need assistance completing this form call **132 150** (call charges will apply). For more information email **medicare.prov@medicareaustralia.gov.au**

Lodgement

Send the completed form to:

**Provider Registration
Medicare Australia
GPO Box 9822**
in your capital city

or fax to:

NSW/ACT	02 9895 3439	VIC/NT	03 9605 7984
QLD	07 3004 5634	SA/TAS	08 8274 9307
WA	08 9214 8201		

Print in **BLOCK LETTERS**

Tick where applicable

Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

2 Date of birth

 / /

3 Your sex

Male

Female

4 Postal address

 Postcode

5 Daytime phone number

Mobile phone number

Fax number

 ()

Email

@

Pager number

6 How would you like your contact details to be used (**tick one only**)?

For this application only

For general mailout purposes

Applicant's qualifications

7 Professional qualification

8 Place obtained

9 Year obtained

10 Language(s) spoken (other than English)

Practice location details

A practice location is the physical address at which you render services (not a post office box)

11 Start date

 / /

End date (if required)

 / /

12 Practice name or building

13 Property or Department

Suite Unit Shop

Number Floor number

Address

 Postcode

14 Daytime phone number

Fax number

Email

15 Is this an Aboriginal and Torres Strait Islander Health Service?

No

Yes

Registration/membership details

16 You must be a member of Orthoptics Australia (OA), be registered with the Australian Orthoptic Board and have a Certificate of Currency.

Australian Orthoptic Board

Registration number

Does your registration allow you to work at the required location?

No A provider/registration number cannot be allocated for the required location.

Yes

Orthoptics Australia

Membership number



Attach copies of relevant certificates.

Bank account details

Payments cannot be made into credit card, loan or mortgage accounts.

17 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

The nominated account for this location will be used for both Medicare and Department of Veterans' Affairs payments (if applicable).



If you are applying for additional practice locations and require a separate bank account, attach a separate sheet with details.

Declaration

18 I declare that:

- the information on this form is correct.

Applicant's signature

Date

Privacy note

Information provided on this form will be used to assess your application for a provider/registration number and determine your eligibility to participate in the Medicare program under the *Health Insurance Act 1973*. This information may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs, private health funds and other approved organisations or as authorised by law. Medicare Australia may contact the relevant registration board or association to confirm your current status. Medicare Australia will also use your BSB and account details to identify your nominated financial institution for the purpose of making electronic payments for Medicare bulk bill payments. Your financial institution account details will be disclosed to the relevant financial institutions to facilitate payment of your claims.