



Information sheet for an application for an additional location Medicare provider/registration number

Important information

This application is to be used only by a Health Professional when applying for an **additional** Medicare provider/registration number with Medicare Australia. Your application and supporting documentation (if required) should be sent to Medicare Australia prior to your proposed commencement date.

You must have a current registration in the State or Territory in which the required location is situated. Allied health professionals must meet the eligibility requirements for the Medicare Allied Health and Dental Initiative.

You should not commence billing until Medicare Australia has advised you of your provider/registration number and Medicare eligibility.

If you fax your application, you must retain your original documents for auditing purposes.

Note: this application will be returned if all relevant documentation/information is not supplied. Please print clearly and complete all sections.

Assistance

If you need assistance in completing this form call Medicare Australia on **132 150*** (8.30 am to 5.00 pm Monday to Friday) or visit www.medicareaustralia.gov.au

Lodgement

Send the completed and signed form to:

**Medicare Australia
Provider Eligibility Section
GPO Box 9822**
in your capital city

or fax to:

NSW	(02) 9895 3439	NT	(08) 8922 6322
ACT	(02) 9895 3439	SA	(08) 8274 9307
VIC	(03) 9605 7984	WA	(08) 9214 8201
QLD	(07) 3004 5634	TAS	(03) 6215 5700

* Call charges apply

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

This form can be used to request a provider/registration number for an additional location or to re-open a closed location.

Access to Medicare benefits

A provider/registration number uniquely identifies the health professional and the location from which a service is rendered.

Claims for Medicare benefits should only be made while working in a private capacity and where no other government funding is received for these services.

We will advise you of your provider/registration number for the location and your Medicare billing eligibility.

Do not presume that the allocation of a provider/registration number means you can attract Medicare

benefits for your professional services or that an extension to your eligibility is automatically granted.

Medical practitioner

Eligibility to access Medicare benefits is determined by the *Health Insurance Act 1973* and related regulations. In particular, the requirements of sections 19AA and 19AB must be satisfied before access to Medicare benefits can be granted. The *Health Insurance Act 1973* can be found at www.comlaw.gov.au. More information can be found on the Department of Health and Ageing's website at www.health.gov.au

Medical practitioners with time and location specific Medicare eligibility should take note of the expiry dates as Medicare Australia does not send reminder notices. You can access your record on the Provider Directory System available at www.medicareaustralia.gov.au

Other organisations such as the Department of Health and Ageing, the Rural Workforce Agencies, General Practice Education and Training Limited, the specialist medical colleges, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine may be involved in approving your access to Medicare benefits.

Practice Incentives Program (medical practitioners only)

If you are currently participating in the Practice Incentives Program or if the new location for which you are requesting a provider number participates in the Practice Incentives Program, please call **1800 222 032**** to ensure that your provider number is linked to the practice.

Optometrists

Optometrists who intend to provide a professional service that attracts a Medicare benefit must submit an Optometrical undertaking to be a participating optometrist or provide a schedule of optometrists form available at www.medicareaustralia.gov.au

Personal contact details

If you tick the general correspondence box in question 6, your postal or email address will be used for general correspondence. Please keep your details up to date to ensure important Medicare Australia information reaches you.

You can update your contact details on Medicare Australia's Provider Directory System using your health professional smartcard eCertificate issued by Medicare Australia or alternatively with your ACIR user ID and password.

Re-open a closed location

You can re-open a closed location by completing the details at **required location**.

Claiming

Electronic Funds Transfer (EFT) payments

Your Medicare and DVA benefits for bulk bill claims can be paid into a nominated bank account by completing the EFT payments for claims form available at **www.medicareaustralia.gov.au**

Online claiming

If you are claiming online, you should call Medicare Australia's eBusiness Service Centre on **1800 700 199**** and request an Online claiming banking details form.

Pay Group Link

You may elect to have Medicare benefit cheques, which would have been issued payable to you at your practice address, made payable to another payee associated with the practice and/or another address by completing the Pay Group Link form available at **www.medicareaustralia.gov.au**

Additional documents (medical practitioners only)

1 If you are an Australian trained doctor who:

- was a temporary resident (including a New Zealand citizen) on 1 November 1996

or

- had not completed your internship or period of supervised training on 1 November 1996

or

- was first registered with an Australian State or Territory medical board on or after 1 November 1996 and

Medicare Australia has **not** advised you in writing that you are:

- recognised as a Fellow of the Royal Australian College of General Practitioners
- recognised as a Fellow of the Australian College of Rural and Remote Medicine
- included on the Vocational Register
- recognised as a specialist or consultant physician for Medicare purposes

then you need an approved program placement. The approving body must send the approved placement to Medicare Australia direct. Refer to the information under Approved Program Placements for more details.

2 If you are

- an overseas trained doctor (primary medical qualification obtained overseas),

or

- former overseas medical student (primary qualification obtained in Australia and a temporary resident when first enrolled in medical school in Australia)

and

- were first registered with an Australian State or Territory medical board on or after 1 January 1997

then you need a section 19AB exemption from the Department of Health and Ageing (which we will apply for on your behalf) when you have provided the following documents:

(a) if you are a temporary resident (including New Zealand citizen)

- passport—a copy of personal details page
- visa—a copy of your current visa showing that you have permission to work as a medical practitioner or to study medicine in clinical training positions
- evidence of your current medical registration for the State or Territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (eg limited to specific locations, to work under supervision, area of need)
- letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian doctors. Letters

from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage

- copy of your employment contract—if working in a public hospital.

(b) if you are an Australian citizen or permanent resident

- passport—a copy of the personal details page
- visa—a copy of your permanent resident visa or Australian citizenship if this documentation has not been previously supplied to Medicare Australia
- evidence of your current medical registration for the state or territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (for example, limited to specific locations, to work under supervision, area of need)
- letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian trained doctors. Letters from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage copy of your employment contract—if working in a public hospital

and

Medicare Australia has **not** advised you in writing that you are:

- recognised as a Fellow of the Royal Australian College of General Practitioners
- recognised as a Fellow of the Australian College of Rural and Remote Medicine
- included on the Vocational Register
- recognised as a specialist or consultant physician for Medicare purposes

then you also need an approved program placement. The approving body must send the approved placement to Medicare Australia direct. Refer to the information under Approved Program Placements for more details.

(c) If you are an overseas trained doctor working in Australia under an academic appointment with one of the following medical schools

- Australian National University
- Flinders University of South Australia
- James Cook University Medical School—Townsville
- Monash University
- University of Adelaide
- University of Melbourne
- University of New South Wales
- University of Newcastle
- University of Queensland

- University of South Australia
- University of Sydney
- University of Tasmania
- University of Western Australia
- Bond University
- Griffith University
- University of Notre Dame Australia (Fremantle campus)
- University of Notre Dame Australia (Sydney campus)
- University of Western Sydney
- University of Wollongong

then you must provide:

- documentation from the university to confirm that the new location/s is part of your academic appointment
- passport—a copy of personal details page
- visa—a copy of current visa
- medical registration—copy of current medical registration for the State or Territory in which the location is situated.

If the new location is outside your academic appointment then you must supply the documentation in 2(a) or 2(b) for an overseas trained doctor according to your residency status.

(d) if you are a temporary resident wanting to access Medicare benefits for assisting at operations only, then you must provide the following documents:

- passport—a copy of personal details page
- visa[†]—a copy of your current visa
- letter of confirmation from your employer or copy of your employment contract.

[†] If you do not have an occupational trainee visa then you must provide the following additional documents:

- endorsement from relevant medical college
- letter of support from the hospital/practice
- training schedule

3 Change in residency status

If you have changed your residency status since you last applied for a provider/registration number, you must provide a copy of your current residency documents or Australian citizenship certificate.

4 If you do not fall into one of the categories above then you may not need to supply any additional documentation.

A Medicare Australia staff member will contact you if documents are needed.

Approved Program Placements

Approved programs and the organisations that can approve a placement are:

- Rural Locum Relief Program—Rural Workforce Agencies in each State and Territory
- General practice training placements—General Practice Education and Training Limited
- Approved Medical Deputising Service[‡]—Department of Health and Ageing
- Temporary Resident Other Medical Practitioner Program[‡]—Department of Health and Ageing
- Approved Private Emergency Department Program[‡]—Department of Health and Ageing
- Australasian College of Sports Physicians Training Program—Australasian College of Sports Physicians
- Queensland Country Relieving Program—Queensland Department of Health
- Metropolitan Workforce Support Program[‡]—Department of Health and Ageing
- Special Approved Placements Program[‡]—Department of Health and Ageing
- Pre-Vocational General Practice Placements Program—Royal Australian College of General Practitioner and the Australian College of Rural and Remote Medicine
- Approved Placements for Sports Physicians Program[‡]—Department of Health and Ageing
- Specialist College Trainee program—relevant Australian Specialist Colleges
- Remote Vocational Training Scheme—Remote Vocational Training Scheme Limited

[‡] Information line **02 6289 5903** (8.30 am to 5.00 pm Monday to Friday)

Applications for recognition as a specialist, consultant physician or general practitioner

There are separate applications on our website which must be completed if you want to be recognised as a:

- specialist or consultant physician, or
- general practitioner, that is:
 - recognised as a Fellow of the Royal Australian College of General Practitioners, or
 - recognised as a Fellow of the Australian College of Rural and Remote Medicine, or
 - vocationally registered

If you are already recognised as a specialist or consultant physician for Medicare purposes and this recognition is time limited then you will also need to complete a new application for recognition.



Application for an additional location Medicare provider/registration number

Tick where applicable

Personal details

Dr Mr Mrs Miss Ms

Other (please specify)

1 Family name

First given name

Other given names

2 Date of birth

/ /

3 Your sex

Male

Female

The following question is to be completed by medical practitioners only:

4 Were you born in Australia?

No If **no**, please specify if you are:

Australian citizen

Date granted / /

Permanent resident

Date granted / /

Temporary resident
(includes NZ citizen)

Yes

5 Please quote an existing provider/registration number Medicare Australia has issued to you (not those issued by the Department of Veterans' Affairs or Office of Hearing Services).

Health profession

Select the health profession category for which a provider/registration number is required:

- | | |
|---|--|
| <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Aboriginal Health Worker | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Chiropodist | <input type="checkbox"/> Dento-Maxillofacial Radiologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Endodontist |
| <input type="checkbox"/> Dental Prosthetist | <input type="checkbox"/> Oral and Maxillofacial Surgeon |
| <input type="checkbox"/> Diabetes Educator | <input type="checkbox"/> Oral Medicine and/or Oral Pathologist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Oral Surgeon |
| <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Orthodontist |
| <input type="checkbox"/> Mental Health Nurse | <input type="checkbox"/> Paedodontist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Periodontist |
| <input type="checkbox"/> Osteopath | <input type="checkbox"/> Prosthodontist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Special Needs Dentist |
| <input type="checkbox"/> Podiatrist | |

Personal contact details

6 Postal and/or email address to be used for:

- This application only
 General correspondence

Postal address

Postcode

Email

@

7 Phone

()

Mobile

Fax

()

Pager

Registration/Membership details

I have attached a copy of my current registration or membership certificate.

8 State or Territory

Registration or membership number

Name of registration board, society or association

9 Does your registration allow you to work at the location/s listed below.

No If you answer **no**, a provider/registration number cannot be allocated for the required location.

Yes

Required location

Note: the required location is the physical address (not a post office box) from which you render services.

10 Start date

/ /

End date

/ /

11 Do you want access to Medicare benefits at this location?

No

Yes If **yes** and you are a medical practitioner, refer to 'Additional documents' in the information sheet.

12 Practice name/building

Property/Department

Suite Unit Shop

Number

Floor number

Practice address

Postcode

13 Phone

()

Fax

()

Email

@

You should attach a list if you are applying for additional locations.

Closing locations

To prevent inappropriate use of your provider/registration number you should close those locations where you are not currently practising.

14 Provider number

Practice address

Postcode

Closing date

/ /

Declaration

I declare that: to the best of my knowledge and belief, all the information provided in this application form is correct.

Signature of applicant

Date

/ /

Privacy note

The information provided on this form will be used to assess your application for a provider/registration number and to determine your eligibility to participate in the Medicare program. Its collection is authorised by the *Health Insurance Act 1973* and it may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, private health funds and other approved organisations or as authorised or required by law. Medicare Australia may contact the registration board or association to verify your current status.