



## Application for an initial Medicare provider/registration number for an Optometrist

### Access to Medicare benefits

Optometrists must apply for a unique provider number for each location. In addition, an optometrist who is qualified in another health discipline must apply for a unique provider number in each discipline.

Medicare Australia provider numbers are allocated to optometrists to provide a method of identifying the location from which a service is identified.

Medicare pays benefits for services provided by optometrists who have signed an agreement to participate in arrangements with the Commonwealth Government. This agreement is formally known as the “Common Form of Undertaking-Participating Optometrists” and is often referred to as the Participating Agreement. By completing a Common Form of Undertaking and becoming a participating optometrist allows the optometrist to apply for a provider number anywhere in Australia if optometrical registration permits. Non-participating optometrists can provide services on behalf of a participating optometrist (one who has signed an undertaking). To attract Medicare benefits the non-participating optometrist must complete a Schedule of Optometrists for each location they wish to work, noting that they are working on behalf of a participating optometrist. For more information go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

The Health Insurance Regulations provide that, for Medicare purposes, a valid account/receipt must contain the practitioner’s name and either:

- the address of the place of practice from which the service was provided; or
- the provider number for the place of practice from which the service was provided.

Payment of claims could be delayed or disallowed where it is not possible from account details to clearly identify the services that qualify for Medicare benefits, or identify the optometrist as a registered person at the place of practice.

### Eligibility

Optometrists claiming Medicare benefits must be in private practice and services claimed must be performed while working in a private capacity.

The optometrist must be registered to practise optometry in the State or Territory where the location for the provider number is required.

### Personal contact details (email and/or mail address if different from location)

Personal contact details are optional. If provided, your email or mailing address will be used for general correspondence. Please keep 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 smart card or ikey issued by Medicare Australia through the Health eSignature Authority (HeSA) [www.hesa.gov.au](http://www.hesa.gov.au)

### EFT payments

You can request that your Medicare and DVA benefits for bulk bill claims be paid into a nominated bank account by completing the EFT details at section 6.

### Assistance

Please refer to

- our website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au), or
- call 132 150 during business hours (8.30am to 5.00pm), or
- email [medicare.prov@medicareaustralia.gov.au](mailto:medicare.prov@medicareaustralia.gov.au)

To obtain a copy of the Medicare benefits for services by optometrists, requests should be forwarded to:

The Department of Health and Ageing  
MDP 106  
GPO Box 9848  
Canberra ACT 2601  
Freecall 1800 020103



## Application for an initial Medicare provider/registration number for an Optometrist

This application is to be used only by an Optometrist when applying for an **initial** Medicare provider/registration number. If you have an existing provider number issued by Medicare Australia you should complete the application for a Medicare Australia provider/registration number for an additional location found at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

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

### Section 1—Personal details

Title Dr  Mr  Mrs  Ms  Miss  Other (please specify)

Family name  First name

Other given names  Date of birth  /  /  Gender M/F

### Section 2—Qualifications

Professional qualification

Place obtained  Year obtained

Languages spoken (other than English)

### Section 3—Personal contact details (email and/or mail address if different from required location)

For this application only  For general mailout purposes

Telephone number (during business hours) <input type="text"/>	Street details <input type="text"/>
Mobile <input type="text"/>	OR Postal details PO Box number <input type="text"/> or GPO Box number <input type="text"/>
Facsimile number <input type="text"/>	Suburb/Locality <input type="text"/>
Pager <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
	Email <input type="text"/>

### Section 4—Registration details (you must have current registration for the State or Territory in which you practise)

Please supply a copy of your current registration certificate or written confirmation from the Optometrical Board advising current registration status.

State or Territory	Registration number	Date registered

Does your registration allow you to work at the location/s listed in Section 6? Yes  No

### Section 5—Optometrical undertaking

An optometrist who intends to provide a professional service that attracts a Medicare benefit must have one of the following accompany this application.

Optometrical undertaking to be a participating optometrist Yes  No

A schedule of optometrists Yes  No

These are available on our website [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

## Section 6—Required location

Location: A location is the physical location (not post office box) and is the address at which you render services.

Start date <input type="text"/> / <input type="text"/> / <input type="text"/>	Practice name/Building <input type="text"/>
End date (if required) <input type="text"/> / <input type="text"/> / <input type="text"/>	Property/Department <input type="text"/>
	Indicate type and number Suite <input type="checkbox"/> Unit <input type="checkbox"/> Shop <input type="checkbox"/> Number <input type="text"/> Floor number <input type="text"/>
	Street details <input type="text"/>
	Suburb/locality <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
	Telephone number <input type="text"/>
	Facsimile number <input type="text"/>
	Email <input type="text"/>

Payments for bulk bill claims are usually made by EFT. You should therefore complete the following banking details.

I, the applicant, being a practitioner entitled to render professional services as defined in the *Health Insurance Act 1973*, apply to Medicare Australia to have Medicare benefits paid directly into the account mentioned below via electronic fund transfer (EFT).

BSB no	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank name and branch	<input type="text"/>
Account no	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name in which account is held	<input type="text"/>

The nominated account for this location will be used for both Medicare and DVA benefit payments.

**You should attach a list if you are applying for additional locations and complete separate EFT details (if applicable) for each location.**

## Section 7—Declaration

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

Signature of applicant  Date signed  /  /

**Privacy Note:** 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 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 or required by law. 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.

## Section 8—Lodgement details

When completed, please post to:

**Medicare Australia Provider Eligibility Section**  
**PO Box 9822 (in your capital city)**

OR

Via facsimile to:

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

### Please note:

- Your application and supporting documentation should be submitted to Medicare Australia as soon as possible prior to your proposed commencement date.
- Where applications are faxed, you must retain your original documents for auditing purposes.

**Enquiries:** Telephone 132 150 (8:30am to 5:00pm Monday to Friday) or email [medicare.prov@medicareaustralia.gov.au](mailto:medicare.prov@medicareaustralia.gov.au)