

# Application for an initial Medicare provider/registration number for an Allied Health Professional

## Purpose of this form

This application is to be used only by an Allied Health Professional when applying for an initial Medicare provider/registration number. If you have an existing provider/registration number issued by Medicare you should complete the **Application for an additional location Medicare provider/registration number form (HW062)** available from our website [humanservices.gov.au](http://humanservices.gov.au)

## Access to Medicare benefits

Allied health professionals must apply for a unique provider/registration number for each required location. In addition a separate application form must also be completed for a unique provider/registration number for each discipline in which they practice.

Medicare provider/registration numbers are allocated to allied health professionals to enable them to participate in the Medicare allied health and dental care initiative and to provide a method of identifying the place from which a service is provided.

Medicare provider/registration numbers are also allocated to physiotherapists, osteopaths, chiropractors or podiatrists for the purposes of enabling these health professionals to request certain diagnostic imaging services as set out in the Medicare Benefits Schedule (MBS) Book. Please note that only these health professionals may request such services. The allocation of a provider/registration number will enable these health professionals to participate in the allied health initiative as above and to request certain diagnostic imaging services. Please refer to the MBS for details.

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.

Allied health professionals should note that 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 allied health professional as a registered allied health professional at the place of practice.

## Electronic funds transfer (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 question 19.

## Eligibility

An allied health professional applying for registration under the allied health and dental initiative must be in private practice, and services claimed under this initiative must be performed while working in a private capacity.

An allied health professional is also eligible for registration under the allied health and dental care initiative where they are employed by, or under contract to, an Aboriginal and Torres Strait Islander Community Controlled Health Service or State/Territory clinic, that has been granted an exemption under subsection 19(2) of the *Health Insurance Act 1973*.

An application from a physiotherapist, osteopath, chiropractor or podiatrist for a provider/registration number using this form will be treated as an application to participate in the allied health initiative and activate eligibility to request certain Diagnostic Imaging services as listed in the MBS.

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

Personal contact details are optional. If provided, your email or mailing address will be used for general correspondence. These details must be kept up-to-date to ensure important Medicare Australia information reaches you.

You can update your contact details on Medicare's Provider Directory System using your health professional smart card or ikey issued by Medicare through the Health eSignature Authority (HeSA) [hesa.gov.au](http://hesa.gov.au)

## For more information

For more information go to our website [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or call **132 150** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the complete form to:

**Department of Human Services  
Provider Eligibility Section  
PO Box 9822**

in your capital city

**or**

Fax:

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>		

Your application and supporting documentation should be submitted to us as soon as possible prior to your proposed commencement date.

Your application will be returned if all relevant documentation/information is not supplied.

Where applications are faxed, you must retain your original documents for auditing purposes.

## 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 Languages spoken (other than English)

## Contact details

- 5 Practice name or building  
  
Property or department  
  
Unit  Suite  Shop  Floor number   
Street number  
  
Street name  
  
Suburb  
  
State  Postcode
- 6 Practice phone number  
( )   
Mobile number  
  
Fax number  
( )   
Email  
  
@  
  
Pager number

- 7 Are these contact details for this application only, or for general mailout purposes?

This application only   
General mailout purposes

## Qualifications

- 8 What is your allied health profession?

You must complete a separate form for each profession.

### Tick one only

- |  |                          |                        |                          |
|--|--------------------------|------------------------|--------------------------|
| Aboriginal and Torres Strait<br>Islander Health Practitioner | <input type="checkbox"/> | Mental Health Nurse    | <input type="checkbox"/> |
| Aboriginal Health Worker                                     | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> |
| Audiologist  | <input type="checkbox"/> | Osteopath              | <input type="checkbox"/> |
| Chiropodist  | <input type="checkbox"/> | Physiotherapist        | <input type="checkbox"/> |
| Chiropractor   | <input type="checkbox"/> | Podiatrist             | <input type="checkbox"/> |
| Diabetes Educator  | <input type="checkbox"/> | Psychologist           | <input type="checkbox"/> |
| Dietitian  | <input type="checkbox"/> | Social Worker          | <input type="checkbox"/> |
| Exercise Physiologist  | <input type="checkbox"/> | Speech Pathologist     | <input type="checkbox"/> |

- 9 Professional qualification

- 10 Place obtained

- 11 Year obtained

## Registration/membership details

You must have current registration for any state or territory in which the required practice location is situated or provide evidence of eligibility in accordance with the eligibility requirements that can be found in the Health Insurance (Allied Health Services) Determination available at [comlaw.gov.au](http://comlaw.gov.au). Eligibility requirements can be found at [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or by calling 132 150.

- 12 Registration/membership details

State or territory of registration/membership

Registration/membership number

Date registered

 /  / 

Registration/membership number

State or territory of registration/membership

Registration/membership number

Date registered

Registration/membership number



Attach a copy of documents confirming registration/membership with the relevant State or Territory Board or membership of a National Professional Association or relevant qualifications.

## Required location

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



If you are applying for more than one location attach a separate sheet with details from questions 13–19 for each location.

13 Start date

End date

14 Practice address and email (if different to question 5)

Practice name or building

Property or department

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

15 Practice phone number

Fax number

16 Is this location an Aboriginal or Torres Strait Islander Health Service?

No

Yes

17 Does your registration allow you to work at this location?

No

Yes

## Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

18 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

## Privacy notice

19 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration

20 I declare that:

- I am entitled to render professional services as defined in the Health Insurance Act 1973 and apply to have Medicare benefits paid directly into the account mentioned on this form.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date