



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

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 Australia 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 Australia 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 section 5.

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 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

For more information

- visit www.medicareaustralia.gov.au, or
- call **132 150** during business hours (8.30am to 5.00pm)
- email medicare.prov@medicareaustralia.gov.au



Application for an initial Medicare Australia Provider/Registration number for an Allied Health Professional

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 Australia you should complete the *Application for an additional location-Medicare provider/registration number* form available from our website 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

Please select your allied health profession by placing a cross in the applicable box

AHP Type		AHP Type		AHP Type	
<input type="checkbox"/>	Aboriginal Health Worker	<input type="checkbox"/>	Dietitian	<input type="checkbox"/>	Physiotherapist
<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	Exercise Physiologist	<input type="checkbox"/>	Podiatrist
<input type="checkbox"/>	Chiroprapist	<input type="checkbox"/>	Mental Health Nurse	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Diabetes Educator	<input type="checkbox"/>	Osteopath	<input type="checkbox"/>	Speech Pathologist

Note: One application form per profession.

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/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 for the Medicare Allied Health and Dental Initiative. Please 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. Eligibility requirements can be found at www.medicareaustralia.gov.au or by calling 132 150.

State or Territory	Registration/membership number	Date registered	Name of Society/Board or Association

Does your registration allow you to work at the location/s listed in Section 5? Yes No

If you answer 'no' a provider/registration number can not be allocated for the required location.

Section 5—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 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"/>

Is this location an Aboriginal or Torres Strait Islander Health Service? Yes No

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 6—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 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.

Section 7—Lodgement details

When completed, please post to:

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

OR

Via facsimile to:

NSW and ACT (02) 9895 3439

VIC (03) 9605 7984

QLD (07) 3004 5634

NT (08) 8922 6322

SA (08) 8274 9307

WA (08) 9214 8201

TAS (03) 6215 5700

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