

Application for a Medicare provider number and/or prescriber number for a nurse practitioner or midwife (HW088)

Applying online

If you are an eligible nurse practitioner or midwife, under section 84AAF/84AAJ of the *National Health Act 1953*, and would like to apply for a subsequent Medicare provider number and prescriber number, you can apply online using Health Professional Online Services (HPOS).

To access HPOS you need an individual Provider Digital Access (PRODA) account. If you do not have one, go to servicessaustralia.gov.au/proda to register. Then follow the steps to set up your HPOS access.

To find out more about HPOS, go to servicessaustralia.gov.au/hpos

To apply:

1. log in to your PRODA account to access HPOS
2. select My Details
3. select My digital provider number registration (initial) or My provider numbers (subsequent)
4. select Create a new provider location (subsequent)
5. complete the questions and select submit.

When to use this form

Use this form if you are an eligible nurse practitioner or midwife:

- applying for an initial provider number
- who cannot apply online for a provider and/or prescriber number
- applying for a prescriber number separately to a Medicare provider number.

To find out if you are eligible to register, claim or access Medicare services, go to servicessaustralia.gov.au/hpmedicarebenefits

Access to Medicare

You must apply for a unique provider number for each location and profession you practise in.

Provider numbers are allocated to enable eligible nurse practitioners and midwives to:

- provide services listed under the Medicare Benefits Schedule (MBS)
- refer to relevant specialists and/or consultant physicians, where eligible
- request certain imaging and pathology services, where eligible.

A provider number may be issued to an eligible nurse practitioner or midwife to refer to specialists and/or consultant physicians and to request certain diagnostic imaging and pathology services while working in a public facility.

The provider number identifies the location from which a service is provided. If you are no longer working at a location, you must close the provider number.

Claiming a Medicare benefit

Medicare services claimed must be performed when working in a private capacity except where the nurse practitioner or midwife is employed by, or under contract to, a facility that has been granted an exemption under subsection 19(2) and/or 19(5) of the *Health Insurance Act 1973*.

Medicare services must be provided by a private practitioner to privately billed patients. This means an eligible nurse practitioner or midwife cannot provide Medicare services as an employee of a public hospital or other government funded entity.

The *Health Insurance Act 1973* is available at legislation.gov.au

Eligibility for a provider number

Nurse practitioner

To apply for a provider number as a nurse practitioner, you must be registered with the Nursing and Midwifery Board of Australia and endorsed as a nurse practitioner.

Midwife

To apply for a provider number as a midwife, you must be registered as a midwife with the Nursing and Midwifery Board of Australia and hold an endorsement for scheduled medicines.

For more information about registration requirements, go to nursingmidwiferyboard.gov.au

Eligibility for a prescriber number

To apply for a prescriber number you must have successfully undertaken an approved prescribing qualification to be an authorised nurse practitioner or midwife for the purposes of prescribing pharmaceutical benefits under the Pharmaceutical Benefits Scheme (PBS).

For more information about Pharmaceutical Benefits Scheme and prescriber numbers, go to servicessaustralia.gov.au/hppbpsprescribers

Important information

Evidentiary documents

Attach a copy of your Australian Health Practitioner Regulation Agency (Ahpra) registration certificate with your initial application for a provider and/or prescriber number.

Use of residential addresses

Careful consideration should be given to using a residential or other private address. Provider number location addresses may be publicly available, for example:

- included on written referrals
- available to private health funds.

For more information

Go to servicesaustralia.gov.au/healthprofessionals or call 132 150 Monday to Friday, 8:30 am to 5 pm, local time.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.



Check that you have answered all the required questions and provide the requested documentation when you return this form. If the application is not complete, it will be returned and you will need to re-apply.

1 What would you like to apply for? **Tick all that apply**

- An initial provider number
- A subsequent provider number

▶ Existing provider number

- To re-open a location

▶ Currently closed provider number

- To close a location

▶ Provider number for location

Address for location

Postcode

Location end date (DD MM YYYY)

If you are closing, complete questions 1, 2, 3, 6, 7, 24 and 25 only.

- Prescriber number

You must have endorsement to prescribe medication.

If you are applying for a prescriber number only, complete questions 1 to 9, 14, 23, 24 and 25 only.



MCA0HW088 2411

Applicant's details

A provider number will be issued in the name you are registered with Ahpra.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Your gender

Male

Female

5 Languages spoken (other than English)

Personal contact details

6 Postal address

Postcode

Business phone number (including area code)

Mobile phone number

Email

Health profession

7 Select the profession this application relates to. One application form per profession:

Tick one only

Nurse practitioner

Midwife

Qualification

8 Professional qualification


Place obtained

Year obtained (YYYY)

Registration details

9 Ahpra registration number

You **cannot** be allocated a provider number unless you are registered with Ahpra.

 Provide a copy of your Ahpra registration certificate if applying for an initial application.

Required location

10 Are you applying for more than one location?

No

Yes



Print and complete questions 11 to 22 for **each** additional location.

11 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

Read this before answering the following questions.

Questions 12 and 13 relate to government funded medical services. For help completing these questions, refer to **Claiming a Medicare benefit** on page 1 of this form.

12 Is this a government funded Aboriginal and Torres Strait Islander Health Service or Aboriginal Medical Service?

No

Yes

13 Is this a government funded Medicare Urgent Care Clinic?

Urgent Care Clinics provide episodic care for non-life threatening urgent conditions requiring same day assessment or treatment at no cost to patients.

No

Yes

Organisation Site ID

14 Location address

You must provide a **valid** address for a location you are or will be practising at. Address details must be completed in full and must not contain 'corner of' or 'unknown' as part of the address. If this is your residential address, read the important information on **Use of residential addresses** on page 1 of this form.

Practice or hospital name

Unit Suite Shop Floor number

Street number Street name

Suburb/Town

State Postcode

Location phone number (including area code)

Email

15 Will you or your patients be claiming a Medicare or Department of Veterans' Affairs (DVA) benefit for services provided at this location?

No (refer and request only) **Go to 23**

Yes

Read this before answering the following questions.

Questions 16 to 19 and 22 **must** be completed. These are the details of the person, business or organisation that will receive the Medicare benefit for the location and the provider number being applied for.

16 Your employment status at this location is:

Tick one only

Self Individual proprietor

Sole trader

Joint owner in a partnership

Employee Salaried

Contracting organisation

17 Business details relating to your employment at this location

Australian Business Number (ABN) for the person, business or organisation who will receive the Medicare benefit. The ABN can be found on ABN lookup at abr.business.gov.au

Australian Business Number (ABN)

Australian Company Number (ACN) (if applicable)

Registered (entity) business name

This must match the details as they appear in the **entity name** field on the Australian Business Register.

18 Business type:

Tick one only

Individual proprietor

Partnership

Unincorporated association

Company

State government

Territory government

Other public body

19 Premises type:

Tick one only

Hospital - public

Hospital - private

Practice - general practice

Practice - other private practice

Educational institution

Residential care facility

Other community health care service

Home

Mobile

20 Does this practice use Medicare Online?

No

Yes Practice Management Software Location ID

21 Does this practice use Medicare Easyclaim?

No

Yes Name of the financial institution that supplied the EFTPOS device

Bank account details

Provide the bank account details for the recipient of Medicare benefit for the location(s) named at question 14.

22 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

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

The nominated account for this location will be used for both Medicare and the Department of Veterans' Affairs benefit payments.

Checklist

23 Check you have answered all relevant questions and the form is physically signed and dated.

Which of the following documents are you providing with this form?

Your application will be returned to you if all relevant documentation is not supplied or is incomplete.

If you are not sure, check the question to see if you should provide the documents.

Your Ahpra registration (at **question 9**)

If applying for more than one location, complete questions 11 to 22 for each additional location.
(if you answered Yes at **question 10**)

Privacy notice

24 The privacy and security of your personal information is important to us, and it is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Nurse practitioner's or midwife's declaration

25 I declare that:

- I am aware of my legal obligation to provide true and accurate information.
- I have read servicesaustralia.gov.au/hpmedicarebenefits and understand my legislative requirements on the use of my Medicare provider number.
- the information I have provided in this form is complete and correct.

I acknowledge that:

- prior to claiming a Medicare benefit:
 - I will be working in a private capacity, or where a 19(2) and/or 19(5) exemption has been granted, and
 - I am registered with and satisfy the Registration Standards of the Nursing and Midwifery Board of Australia, and
 - I hold endorsement for scheduled medicines (eligible midwives only), or
 - I hold endorsement as a nurse practitioner (eligible nurse practitioners only).

I understand that:

- the information I have provided in this form may be subject to scrutiny through the relevant compliance and audit arrangements.
- giving false or misleading information is a serious offence.

Nurse practitioner's or midwife's full name

Nurse practitioner's or midwife's signature

Digital or electronic signatures are not acceptable.

Date (DD MM YYYY)

Returning this form



Check that you have answered all the required questions and the form is signed and dated.

Return this form and any supporting documents by:

- **post to**
Services Australia
Provider Registration Section
GPO Box 9822
in your capital city
- email to provider.registration@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.
- fax to

NSW/ACT	02 9895 3439	SA/Tas	08 8274 9307
Vic/NT	03 9605 7984	WA	08 9214 8201
Qld	07 3004 5634		