

# Application for an authorised recipient to apply for or renew access to the Provider Directory System (M0003)

## When to use this form

Use this form if you are an authorised recipient applying for or renewing access to the Provider Directory System (PDS).

## Important information

Authorised recipients access the PDS through Health Professional Online Services (HPOS).

To access HPOS, an authorised recipient will need an individual Provider Digital Access (PRODA) account. If you do not have one, go to [servicesaustralia.gov.au/proda](http://servicesaustralia.gov.au/proda) to register **before** submitting this form.

This form must be signed by the Chief Executive Officer or the Public Officer of an incorporated body, for example, a health sector representative.

## For more information

For information about PRODA account registration, go to [servicesaustralia.gov.au/proda](http://servicesaustralia.gov.au/proda) or call 1800 700 199 and select Option 1, Monday to Friday, 8 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.

## Application details

1 Is this a new application or a renewal?

New application

Renewal  Give User ID details

## Authorised recipient's details

2 Read this before answering the following question.

The PRODA Registration Authority (RA) number must be the authorised recipient's individual PRODA RA number. Organisation PRODA RA numbers will not be accepted.

Individual PRODA RA number

3 Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

4 Position held

Daytime phone number (including area code)

Mobile phone number

Email

Provide a business email address containing all or part of the authorised recipient's name.



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## Organisation details

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5 Name of organisation

6 Address

  

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 Postcode

7 Business area **Tick one only**

Administration and/or finance

Pathology and/or radiology

Information system

Other  Give details below

## Provider information

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8 Read this before answering the following question.

With the aim of gaining access to the PDS, you need to indicate which subsection of the *Health Insurance Act 1973* (the Act) the organisation you represent falls under.

If other legislation is provided, the data will be assessed by Services Australia and must fall under the provision of 130(3)(a) or 130(3)(c) of the Act.

Which subsection of the Act applies to your organisation?

**Tick one only**

In the public interest, under subsection 130(3)(a) or 130(3)(c) of the Act

I represent a private health insurer, under subsection 130(7)(d)(h) of the Act

Other legislation in the public interest

State relevant legislation and subsection that falls under 130(3)(a) or 130(3)(c) of the Act

9 Release area(s) required **Tick all that apply**

- National   
New South Wales   
Victoria   
Queensland   
Western Australia

- South Australia   
Tasmania   
Australian Capital Territory   
Northern Territory

10 Read this before answering the following question.

Logon details and information that will be accessed in the PDS, by the authorised recipient named at question 3, is confidential and must not be shared with anyone else.

What security precautions are in place to make sure the information accessed in the PDS remains private?

  

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If you need more space, provide a separate sheet with details.

11 Provide detailed reasons for requesting provider information (for example, for the purpose of validating provider details).

  

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If you need more space, provide a separate sheet with details.

## Privacy notice

- 12** The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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](https://servicesaustralia.gov.au/privacypolicy)

## Authorised recipient's declaration

**13 I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- my logon information is not to be shared with anyone else.
- my access may be removed if it is determined my logon information was accessed by another person.
- the information accessed in the Provider Directory System must not be shared with anyone else.
- the information accessed through the Provider Directory System must only be used for the purpose of facilitating Medicare claims.
- Services Australia may request additional information regarding my application.
- failure to respond to a request for additional information may result in my application being declined.
- giving false or misleading information is a serious offence.

Authorised recipient's signature

Date (DD MM YYYY)

## Chief Executive Officer or Public Officer's declaration

**14 I declare that:**

- I am the Chief Executive Officer or the Public Officer of an incorporated body.
- the information I have provided in this form is complete and correct.

**I understand that:**

- the information accessed in the Provider Directory System must not be shared with anyone else.
- the information accessed through the Provider Directory System must only be used for the purpose of facilitating Medicare claims.
- giving false or misleading information is a serious offence.

Chief Executive Officer or Public Officer's full name

Chief Executive Officer or Public Officer's position

Chief Executive Officer or Public Officer's signature

Date (DD MM YYYY)

### Returning this form

Return this form and any supporting documents by **email** to [pds.support@servicesaustralia.gov.au](mailto:pds.support@servicesaustralia.gov.au)

There may be risks with sending personal information through unsecured networks or email channels.