

medicare

Application for an additional location Medicare provider number for a medical practitioner

Purpose of this form

Complete this form if you are an existing Medicare provider applying for a Medicare provider number for a new location, to re-open a closed location or to close an existing Medicare provider number. Your application and supporting documentation should be sent to the Australian Government Department of Human Services prior to your proposed commencement date.

You must have current registration in the state or territory in which you intend to practise.

You should not commence billing until the Department of Human Services has advised you of your Medicare provider number and eligibility.

General information

Section 19AB of the Health Insurance Act 1973

From 1 April 2010 doctors who obtained their primary medical qualification in an accredited medical school in Australia or New Zealand **and** who were permanent residents or citizens of Australia or New Zealand at the time they enrolled in an accredited medical school in Australia or New Zealand will not be subject to section 19AB of the *Health Insurance Act 1973*.

Doctors who are affected by this change who are already registered with the Australian Government Department of Human Services must supply evidence of their residency status when they enrolled in medical school to allow Medicare to confirm section 19AB does not apply and to update its records.

Doctors who are not subject to section 19AB will be subject to section 19AA of the *Health Insurance Act 1973* and must be a recognised general practitioner, specialist or consultant physician for Medicare purposes, or be in an approved program placement under section 3GA of the *Health Insurance Act 1973* before Medicare benefits can be paid for their services.

Doctors who obtained their primary medical qualification in an accredited medical school in New Zealand, or who obtained their primary medical qualification in Australia and were a New Zealand citizen or permanent resident should call 132 150 and ask to speak to a Provider Registration service officer in their state or territory to determine if they are subject to sections 19AA and/or 19AB before any Medicare services are provided.

Additional documents

You may need to send additional documents with your application. Check the application form and Additional documents section.

For more information

For more information, 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 \square with a \checkmark or \bigstar
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between

Returning your form

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

This application will be returned if all relevant documentation and information is not supplied.

Department of Human Services Provider Eligibility Section GPO Box 9822 in your capital city

or

Fax:

NSW	02 9895 3439	VIC/NT	03 9605 7984
ACT	02 9895 3439	SA/TAS	08 8274 9307
WA	08 9214 8201	QLD	07 3004 5634

Access to Medicare benefits

A provider number uniquely identifies the medical practitioner and the location from which a service is rendered.

You cannot transfer a provider number for one address to another address as this has an adverse impact on Medicare claims and prescriptions issued from the previous address.

For Medicare claiming purposes, the Health Insurance Regulations provide that a valid account or receipt must contain the medical 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 where the service was provided.

Payment of claims could be delayed or disallowed where it is not possible from account details to identify the service as one which qualifies for Medicare benefits, or that the person who provided the service is a registered medical practitioner at the place of practice.

Claims for Medicare benefits should only be made while working in a private capacity and where no other government funding is received for these services.

We will advise you of your provider number for the location.

Do not presume that the allocation of a provider number means Medicare benefits are payable for services you provide. Some Medicare provider numbers will only be valid for referring or requesting services for your patients.

Sections 19AA and 19AB

Eligibility to access Medicare benefits is determined by the Health Insurance Act 1973 and related Regulations. In particular, the requirements of sections 19AA and 19AB of the Health Insurance Act 1973 must be satisfied before access to Medicare benefits can be granted. The Health Insurance Act 1973 can be found at **comlaw.gov.au** More information can be found on the Department of Health's website at **health.gov.au**

Other organisations such as the Department of Health, Rural Workforce Agencies, General Practice Education and Training Limited, specialist medical colleges, Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine may be involved in approving your access to Medicare benefits.

You are subject to section 19AB if:

- you are an overseas trained doctor
- you are a foreign graduate of an accredited medical school.

You can access your record through HPOS (Health Professional Online Services) on our website **humanservices.gov.au/healthprofessionals**

Personal contact details

Please keep your details up to date to ensure important Department of Human Services information reaches you.

You can update your contact details through HPOS (Health Professional Online Services) on our website humanservices.gov.au/healthprofessionals

Re-open a closed location

You can re-open a closed location by completing the details under required location.

If you are not subject to restrictions to access Medicare, you can re-open a closed location by calling **132 150**.

Online Claiming

If the practice claims online, you must complete questions 13, 14 and 16 on the form. For more information, you or the practice can call our eBusiness Service Centre on **1800 700 199**.

Electronic Funds Transfer payments

Your Medicare and Department of Veterans' Affairs (DVA) payments can be paid into a nominated bank account (either practice or personal account) by completing question 16.

Online patient claiming

Where services rendered by you attract a Medicare benefit you can use 1 of Department of Human Services' electronic Medicare claiming options. Electronic Medicare claiming provides a better service for you or your patients with faster lodgement times for Medicare claims, together with faster payment times when Medicare benefits are paid via Electronic Funds Transfer directly into a nominated bank account.

For more information about electronic claiming, call **1800 700 199**.

Practice Incentives Program

If you are currently participating in the Practice Incentives Program or if the new location for which you are requesting a provider number participates in the Practice Incentives Program, call **1800 222 032** to ensure that your provider number is linked to the practice.

Use of information by the Department of Veterans' Affairs

The information provided by the Department of Human Services on this form and obtained from other organisations, may be used by the Department of Veterans' Affairs to determine your eligibility to receive benefits for health services rendered under the *Veterans' Entitlement Act 1986*.

Online education services

The Department of Human Services encourages all new health professionals and health professionals commencing or returning to private practice to complete Medicare and PBS eLearning when registering for a new provider and/or prescriber number. This service will help you understand your obligations under the Medicare and Pharmaceutical Benefits Schemes.

eLearning is interactive, easy to use and modules can be completed in short sessions (5–25 minutes).

Visit humanservices.gov.au/healthprofessionals and start your eLearning today.

Additional documents

1 If you are an Australian trained doctor who:

• was a temporary resident (including a New Zealand citizen) on 1 November 1996,

or

 had not completed your internship or period of supervised training on 1 November 1996,

or

was first registered with an Australian state or territory medical board on or after 1 November 1996,

and

- Medicare has not advised you in writing that you are:
 - recognised as a Fellow of the Royal Australian College of General Practitioners
 - recognised as a Fellow of the Australian College of Rural and Remote Medicine
 - included on the Vocational Register
 - recognised as a specialist or consultant physician for Medicare purposes

then you need an approved program placement. The approving body must send the approved placement to the Department of Human Services direct. For more details, refer to the information under Approved Program Placements on the next page.

2 If you are:

an overseas trained doctor (primary medical qualification obtained overseas),

or

 former overseas medical student (primary qualification obtained in Australia and you were a temporary resident when first enrolled in medical school in Australia),

and

were first registered with an Australian state or territory

 medical board on or after 1 January 1997

then you need a section 19AB exemption from the Department of Health (which we will apply for on your behalf) when you have provided the following documents:

- a) if you are a temporary resident (including New Zealand citizen)
 - passport a copy of the personal details page
 - visa a copy of your current visa showing that you have permission to work as a medical practitioner or to study medicine in clinical training positions
 - evidence of your current medical registration for the state or territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (eg limited to specific locations, to work under supervision, area of need)
 - letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian doctors. Letters from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage
 - copy of your employment contract if working in a public hospital.

b) if you are an Australian citizen or permanent resident

- passport a copy of the personal details page
- visa a copy of your permanent resident visa or Australian citizenship (this documentation is required by the Department of Health for each application for a Section 19AB exemption)
- evidence of your current medical registration for the state or territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (for example, limited to specific locations)
- letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian trained doctors. Letters from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage
- copy of your employment contract if working in a public hospital

and

Medicare has not advised you in writing that you are:

- recognised as a Fellow of the Royal Australian College of General Practitioners
- recognised as a Fellow of the Australian College of Rural and Remote Medicine
- included on the Vocational Register
- recognised as a specialist or consultant physician for Medicare purposes

then you also need an approved program placement. The approving body must send the approved placement to Medicare direct. For more details, refer to the information under Approved Program Placements on the next page.

- c) If you are an overseas trained doctor working in Australia under an academic appointment with one of the following medical schools
 - Australian National University
 - Flinders University of South Australia
 - James Cook University Medical School Townsville
 - Monash University
 - University of Adelaide
 - University of Melbourne
 - University of New South Wales
 - University of Newcastle
 - University of Queensland
 - University of South Australia
 - University of Sydney
 - University of Tasmania
 - University of Western Australia
 - Bond University
 - Griffith University
 - University of Notre Dame Australia (Fremantle campus)
 - University of Notre Dame Australia (Sydney campus)
 - University of Western Sydney
 - University of Wollongong

then you must provide:

- documentation from the university to confirm that the new location/s is part of your academic appointment
- passport a copy of the personal details page
- visa a copy of your current visa
- medical registration copy of your current medical registration for the state or territory in which the location is situated.

[†] If the new location is outside your academic appointment then you must supply the documentation in 2(a) or 2(b) for an overseas trained doctor according to your residency status.

- d) if you are a temporary resident wanting to access Medicare benefits for assisting at operations only, then you must provide the following documents:
 - passport a copy of the personal details page
 - visa a copy of your current visa
 - letter of confirmation from your employer or copy of your employment contract.

Note: If you do not have an occupational trainee visa then you must provide the following additional documents:

- endorsement from relevant medical college
- letter of support from the hospital or practice
- training schedule
- e) if you are a permanent resident or Australian citizen wanting to access Medicare benefits for assisting at operations only, then you must provide the following documents:
 - passport a copy of the personal details page
 - visa a copy of your permanent resident visa or Australian citizenship certificate
 - letter of confirmation from your employer or copy of your employment contract.

3 Change in residency status

If you have changed your residency status since you last applied for a provider number, you must provide a copy of your current residency documents or Australian citizenship certificate.

4 If you do not fall into one of the categories above then you may not need to supply any additional documentation. A Department of Human Services staff member will contact you if documents are needed.

Approved Program Placements

Approved programs and the organisations that can approve a placement are:

- Rural Locum Relief Program Rural Workforce Agencies in each State and Territory
- General practice training placements General Practice Education and Training Limited
- Approved Medical Deputising Service[‡] Department of Health
- Temporary Resident Other Medical Practitioner Program – Department of Health
- Approved Private Emergency Department Program Department of Health
- Australasian College of Sports Physicians Training Program
 Australasian College of Sports Physicians

- Queensland Country Relieving Program Queensland Department of Health
- Metropolitan Workforce Support Program Department of Health
- Special Approved Placements Program Department of Health and Ageing

For more information about these programs, email to **19AA@health.gov.au**

- Pre-Vocational General Practice Placements Program Royal Australian College of General Practitioner and the Australian College of Rural and Remote Medicine
- Approved Placements for Sports Physicians Program Department of Health
- Specialist College Trainee program relevant Australian Specialist Colleges
- Remote Vocational Training Scheme Remote Vocational Training Scheme Limited

Applications for recognition as a specialist, consultant physician or general practitioner

There are separate applications available on our website which must be completed if you want to be recognised as a:

- specialist or consultant physician, or
- general practitioner, that is:
 - recognised as a Fellow of the Royal Australian College of General Practitioners, or
 - recognised as a Fellow of the Australian College of Rural and Remote Medicine, or
 - vocationally registered

If you are recognised as a specialist or consultant physician for Medicare purposes but this recognition is time limited then you will also need to complete a new application for recognition.



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Pe	rsonal details	Registration detai	ls
1 2	Quote an existing Medicare provider number Dr Mr Mrs Miss Ms Other Family name	6 State or territory Registration numb	er i is for more than one state or territory:
3	First given name Second given name Date of birth	State or territory Registration numb	er located a provider number unless you have gistration in the state or territory in which
Do	rsonal contact details	Residency status	
4	Postal address Postal address Postcode Daytime phone number () Mobile number Fax number () Email	 7 If you obtained you accredited medica was your residence. A New Zealand citize 8 Has your residence, provider number? No Go to 1 Yes 	1 an Australian citizen? anted
5	@ Pager number	10 Have you become No Yes Date groups // 11 Are you a New Zea resident? No Yes	anted

Re	quired location	16	Does this practice use Medicare Easyclaim?
qu	applying for more than one location, you must comple lestions 12-17 for each location by attaching a separa ith details.		No Yes Which financial institution supplies the EFTPOS device?
12	Location start date / / Location end date / / (if know		Is this a government funded Aboriginal and Torres Strait Islander health service? No
13	Which one of the following do you want to do at this refer and request only (e.g. hospital interns)	location:	Yes
	Yes or refer, request and provide Medicare rebateable servi	Pa	I payments are made through Electronic Funds Transfer (EFT). ayments cannot be made via EFT if the nominated account has estrictions on EFT deposits.
	No 🛄 Yes 🔲	18	Name of bank, building society or credit union
	or refer, request and assist at operations only No		Branch where the account is held
	Yes The required location must be the physical address (office box) from which you will render services.	(not a post	Branch number (BSB)
	Contact the practice to answer questions 14, 15, 16	6 and 17.	Account number (this may not be the card number)
14	Practice name or building		Account held in the name(s) of
	Property or Department		
	Unit Suite Shop Floor nur	mber Sp	ecialist recognition
	Street number	lf pr	recognition is required for access to Medicare as a general ractitioner, specialist or consultant physician, you must complete an ditional form (refer to 'Additional documents on pages 2 and 3').
	Street name	19	Have you applied for recognition as a:
	Suburb		Specialist or consultant physician General practitioner
	State Postcode		osing locations
	Business phone number ()	th	you wish to close one of your existing locations, please complete e information below. You can attach a list if you wish to close ore than one location.
	Fax number	20	Provider number
	Email		Practice address
	@		
15	Does this practice use Medicare Online?		Postcode
	Yes What is the Practice Management Softwar Location ID?	re	Closing date

Privacy notice

21 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 or by requesting a copy from the department.

Declaration

22 I declare that:

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

I understand that:

• giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

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Date			
	/	/	