



Application for an initial Medicare provider number for an Optometrist

Purpose of this form

This application is to be used only by an optometrist when applying for an initial Medicare provider number. Optometrists must apply for a unique provider number for each location. An optometrist who is qualified in another health discipline must apply for a unique provider number in each discipline.

If you have an existing provider number issued by the Australian Government Department of Human Services, you should complete the Application for an additional location **Medicare provider number for a medical practitioner form (HW062)** go to humanservices.gov.au/healthprofessionals

Important information

The Department of Human Services provider numbers are allocated to optometrists to provide a method of identifying the location from which a service is identified.

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.

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 optometrist as a registered person at the place of practice.

Electronic funds transfer (EFT) payments

You can request that your Medicare and Department of Veteran's Affairs benefits for bulk bill claims be paid into a nominated bank account by completing the EFT details at question 13.

Eligibility

Optometrists claiming Medicare benefits must be in private practice and services claimed must be performed while working in a private capacity.

The optometrist must be registered to practise optometry in the state or territory where the location for the provider number is required.

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

Personal contact details are optional. If provided, your email or mailing address will be used for general correspondence. These details should be kept up to date to make sure important information reaches you.

You can update your contact details on the Department of Human Services' Provider Directory System through the Health Professionals Online Services, go to humanservices.gov.au/health-professionals/services/hpos/

For more information

For more information, go to humanservices.gov.au/healthprofessionals or email medicare.prov@humanservices.gov.au 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.

To obtain a copy of the Medicare benefits for services provided by optometrists, requests should be forwarded to:

The Department of Health

MDP 106

GPO Box 9848

Canberra ACT 2601

Freecall **1800 020103**

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 all required questions are answered and that the form is signed and dated.

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

Send the completed form to:

The Department of Human Services

Provider Eligibility Section

PO Box 9822

in your capital city

or

Fax:

NSW/ACT **02 9895 3439** SA/TAS **08 8274 9307**

VIC/NT **03 9605 7984** WA **08 9214 8201**

QLD **07 3004 5634**

Your application and supporting documentation should be submitted to the Department of Human Services as soon as possible prior to your proposed commencement date.

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

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



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Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Date of birth
 / /

3 Your gender
Male
Female

Qualifications

4 Professional qualification

Place obtained

Year obtained

Languages spoken (other than English)

Contact details

5 Postal address

 Postcode

6 Business phone number

Fax number

Mobile number

Email

@

Pager

7 Are these contact details for this application only or for general mailout purposes?
Tick ONE only
For this application only
For general mailout purposes

Registration details

You must have current registration for the state or territory in which you practise

8 Registration details

State or territory	Registration number	Date registered
<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"/> / <input type="text"/>



Provide a copy of your current registration certificate or written confirmation from the Optometrical Board advising current registration status.

Required location

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


- 9** Start date / / End date / /
- 10** Full practice address
- Practice name or building
- Property or department
- Unit Suite Shop Floor number
- Street number
- Street name
- Suburb/locality
- State Postcode
- 11** Practice phone number ()
- Fax number ()
- Email

@
- 12** 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. Do **not** include an account used exclusively for funding from the National Disability Insurance Scheme.

- 13** 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

- 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.

Privacy notice

- 14** 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

- 15** 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.
- Applicant's signature
- Date / /