



# Application for a Medicare provider number and/or Pharmaceutical Benefits Scheme prescriber number for a midwife or nurse practitioner

## Important information

Complete this form if you are:

- an eligible midwife or nurse practitioner applying for an initial or additional Medicare Australia provider number and/or
- an eligible midwife or nurse practitioner under Section 84AAF/84AAJ of the *National Health Act 1953* applying for a prescriber number.

## Access to Medicare Australia services

You must apply for a unique provider number for each place of practice and profession you practice in.

An application for a provider number from a midwife or nurse practitioner will be treated as an application to participate in eligible programs administered by Medicare Australia.

## Provider number

Provider numbers are allocated to eligible midwives and nurse practitioners working in private practice to enable them to provide services listed under the Medicare Benefits Schedule and request certain diagnostic imaging and pathology services.

The provider number also identifies the location from which a service is provided.

A midwife or nurse practitioner applying for a provider number must be in private practice, and services claimed under this initiative must be performed while working in a private capacity except where the midwife or nurse practitioner is employed by, or under contract to, an Aboriginal and Torres Strait Islander Community Controlled Health Service or state or territory clinic, that has been granted an exemption under subsection 19(2) of the *Health Insurance Act 1973*.

To be in private practice, Medicare services must be provided by a private practitioner to privately billed patients. This means that a midwife or nurse practitioner cannot provide a service under Medicare as an employee of a public hospital or other government funded entity.

The Health Insurance Regulations 1975 state that, for Medicare purposes, a valid account or 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 to clearly identify the services that qualify for Medicare benefits from account details or identify the midwife or nurse practitioner as a registered professional at the place of practice.

## Prescriber number

An application for a prescriber number from a midwife or nurse practitioner will be treated as an application to participate in prescribing pharmaceutical benefits under the Pharmaceutical Benefits Scheme (PBS).

You must have successfully undertaken an approved prescribing qualification to be an authorised midwife or nurse practitioner for the purposes of prescribing pharmaceutical benefits under the PBS.

For more information about the PBS or PBS stationery call **132 290** or go to [www.medicareaustralia.gov.au/pbs](http://www.medicareaustralia.gov.au/pbs)

## Eligibility for a provider number and a prescriber number

To be an eligible nurse practitioner or midwife you must be registered with the Nursing and Midwifery Board of Australia and have the following information on the Australian Health Professional Regulation Agency (AHPRA) public register:

- a nurse practitioner must have an endorsement
- a midwife must have a notation.

For more information about registration requirements go to [www.ahpra.gov.au](http://www.ahpra.gov.au)

## Electronic Funds Transfer payments

Medicare Australia and Department of Veterans' Affairs (DVA) benefits for bulk bill claims can be paid into a nominated bank account by completing the bank account details section at question 18.

## Personal contact details

Your email or mailing address will be used for general correspondence. These details should be kept up to date to ensure important information from Medicare Australia reaches you.

You can update your contact details through the Health Professional Online Services (HPOS). You will need a Public Key Infrastructure (PKI) individual certificate to access the full range of HPOS services. To register for a PKI Individual Certificate go to [www.medicareaustralia.gov.au/pki](http://www.medicareaustralia.gov.au/pki)

## Assistance

If you need assistance completing this form call **132 150** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday. For more information about prescriber and provider numbers email [medicare.prov@medicareaustralia.gov.au](mailto:medicare.prov@medicareaustralia.gov.au)

## Lodgement

Send the completed form to:

### Provider Eligibility Section

#### Medicare Australia

#### PO Box 9822

in your capital city

or fax to:

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**

When forms are faxed, you must retain your original documents for auditing purposes.

Print in **BLOCK LETTERS**

Tick where applicable

## Applicant details

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

### 1 Medicare provider number (if applicable)

2 Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

### 3 Date of birth

### 4 Your sex

Male

Female

### 5 Postal address

  

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Postcode

### 6 Daytime phone number

Mobile phone number

Fax number

Email address

  

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### 7 Do you want the above details recorded as your preferred contact details?

No

Yes

## Professional qualification details

### 8 Select the profession this application relates to. One application form per profession (tick one box only):

Midwife

Nurse practitioner

### 9 Professional qualification

Place obtained

Year obtained

### 10 Languages spoken (other than English)

## Registration details

### 11 National registration number

If you do not have a national registration number you will need to complete the following and attach a copy of documents confirming registration with the relevant state or territory board.

### 12 State or territory

### 13 Registration number

## Provider Number

### 14 I would like to apply for:

an initial provider number

an additional provider number/location

You must be working in private practice to obtain a provider number at that practice location.

## Provider number location details

### 15 Start date

End date

### 16 Practice name/building

Name of property/department

Suite/unit number

Floor/level number

Address of practice (this is the physical address where you will render services)

  

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Postcode

### 17 Daytime phone number

Fax number

Email

  

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### 18 Is this a government funded Aboriginal and Torres Strait Islander health service?

No

Yes

### 19 Does this practice use Medicare Online?

No

Yes  What is the Practice Management Software Location ID?

**20** Does this practice use Medicare Easyclaim?

No

Yes  Which financial institution supplies the EFTPOS device?

### Bank account details

Payment cannot be made into credit card, loan or mortgage accounts.

**21** Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s)

The nominated account for this location will be used for other Medicare Australia and DVA benefits payments.

If the above details are for a public hospital or government funded entity you are not entitled to access Medicare services.



If applying for more than one location, you must complete questions 15 to 21 for each location by attaching a separate sheet with details.

### Closing location details

If you wish to close one of your existing practice locations, please complete the information below.

**22** Provider number

**23** Address of practice

  
  
Postcode

**24** Closing date



If closing more than one location you must complete 22 to 24 for each location by attaching a separate sheet with details.

### Prescriber number

**25** I would like to apply for a prescriber number under Section 84AAF/84AAJ of the *National Health Act 1953*

No  **Go to 28**

Yes  **Complete 26 to 28**

### Prescriber number location details

**26** Start date

End date

**27** Practice name/building

Name of property/department

Suite/unit number

Floor/level number

Address of practice (this is the physical address where you will initially prescribe from)

  
  
Postcode

In order to prescribe pharmaceutical benefits under the PBS, you will need to have a prescriber number. You must have endorsement to prescribe medication.

### Declaration

**28** I declare that:

- the information on this form is correct.

Applicant's signature

Date

### Privacy note

The information on this form will be used to determine your eligibility to participate in the Medicare program and assess your application for a provider number. The information may also be used to allocate a prescriber number that will enable you to participate in the PBS. The collection of this information is authorised by the *Health Insurance Act 1973* and the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs, other government agencies, relevant medical boards, private health funds or as authorised or required by law. Your bank account details will be disclosed to the relevant financial institutions to facilitate payment of your claims.

### For office use only

Issuing of prescriber number approved

Date

Authorised midwife or nurse practitioner prescriber number

Advice of approval despatched