



Application for a Medicare provider/ registration number for an orthoptist

Purpose of this form

Complete this form if you are an orthoptist applying for a Medicare provider/registration number.

This form will be returned if all required documentation or information is not provided. Please print clearly and complete all questions.

For more information

For more information, email **medicare.prov@humanservices.gov.au** If you need assistance completing this form 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 with a ✓ or ✗

Returning your form

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

Send the completed form to:

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

or

Fax:

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

Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Date of birth

3 Your sex

Male

Female

4 Postal address

 Postcode

5 Daytime phone number

Mobile number

Fax number

Email

@

Pager number

6 How would you like your contact details to be used?

Tick ONE only

For this application only

For general mailout purposes

Applicant's qualifications

7 Professional qualification

8 Place obtained

9 Year obtained

10 Language(s) spoken (other than English)

Practice location details

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

11 Start date / / End date (if required) / /

12 Practice name or building

13 Property or Department

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

14 Daytime phone number ()

Fax number ()

Email
@

15 Is this an Aboriginal and Torres Strait Islander health service?
No
Yes

Registration/membership details

16 You must be a member of Orthoptics Australia (OA), be registered with the Australian Orthoptic Board and have a Certificate of Currency.

Australian Orthoptic Board

Registration number


Does your registration allow you to work at the required location?

No A provider/registration number cannot be allocated for the required location.

Yes

Orthoptic Australia

Membership number

 Attach copies of relevant certificates.

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.

The nominated account for this location will be used for both the Department of Human Services and Department of Veterans' Affairs payments (if applicable).


17 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

 If you are applying for additional practice locations and require a separate bank account, attach a separate sheet with details.

Privacy notice

18 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

19 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 full name

Applicant's signature

Date / /