



Application for HIC Provider/Registration number for an Allied Health Professional

Instructions for completing this application – a separate provider/registration number must be sought for each practice location.

The telephone number for all provider/registration enquiries is 132 150

HIC provider/registration numbers are allocated to allied health professionals to enable them to participate in the allied health initiative and to provide a method of identifying the place from which a service is provided.

HIC provider/registration numbers are also allocated to a physiotherapist, osteopath, chiropractor or podiatrist for the purposes of enabling these health professionals to request certain diagnostic imaging services as set out in the Medicare Benefits Schedule (MBS) Book. Please note that only these health professionals may request such services. The allocation of a provider/registration number will enable these health professionals to participate in the allied health initiative as above and to request certain diagnostic imaging services. Please refer to the MBS Book for details.

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.

Allied health professionals should note that payment of claims could be delayed or disallowed where it is not possible from account details to clearly identify the services as one which qualifies for Medicare benefits, or the allied health professional as a registered allied health professional at the place of practice.

Allied health professionals must apply for a unique provider/registration number for each allied health discipline in which they practice. A separate application should be completed for each discipline.

Additional copies of this application form are available at www.hic.gov.au or call 132 150 or by emailing medicare.prov@hic.gov.au

Eligibility

An allied health professional applying for registration under the allied health and dental initiative must be in private practice and services claimed, under this initiative, must be performed while working in a private capacity.

An application from a physiotherapist, osteopath, chiropractor or podiatrist for a provider/registration number using this form will be treated as an application to participate in the allied health initiative and activate entitlement to request certain Diagnostic Imaging services as listed in the Medicare Benefits Schedule Book.

Certification of documents

Documents can be certified as true copies of the original by a person other than the applicant. The person certifying should print their name and address and sign and date the certification.

EFT payments

An allied health professional can register with HIC to have Medicare benefits for all direct payments from HIC paid into a nominated bank account. An application for EFT payment form (located on the last page of this application) is to be completed by each allied health professional wanting to receive EFT payments for direct payments.

Assistance

If you require any assistance in completing this form or for claiming Medicare services this can be obtained by referring to the Allied Health fact sheet, or by calling 132 150 during business hours.



Application for HIC Provider/Registration number for an Allied Health Professional

Instructions for completing this application:

- Print clearly using black pen.
- If this is the first time you have filled in an application complete all sections (including section 6 if applicable).
- If you have previously applied for a provider/registration number complete sections 1, 2, 5, 7 and section 6 if applicable.
- For a pay group link complete sections 1, 2, 6 and 7.

Additional copies of this application can be obtained by downloading the form from the HIC website www.hic.gov.au or telephoning 132 150.

This application will be returned if all relevant documentation/information has not been supplied.

Section 1 – Personal details

Family name First name
 Second name
(DD/MM/YYYY)
 Date of birth Gender
 Please quote any existing provider/registration number HIC has issued to you (except those issued by the Department of Veterans' Affairs and Office of Hearing Services).
 Contact telephone number (during business hours)
 Contact facsimile number
 Mobile
 Pager
 Email

Section 2 – Mailing address

Number and name of Street/PO Box/Bag No:
 Town/Suburb State Postcode

Section 3 – Qualifications

Please select your allied health profession by placing a cross in the applicable box

AHP Type		AHP Type		AHP Type	
<input type="checkbox"/>	Aboriginal Health Worker	<input type="checkbox"/>	Dietitian	<input type="checkbox"/>	Physiotherapist
<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	Mental Health Worker	<input type="checkbox"/>	Podiatrist
<input type="checkbox"/>	Chiropodist	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	Osteopath	<input type="checkbox"/>	Speech Pathologist

Note: One application form per profession.

Professional qualification
 Place obtained Year obtained
 Languages spoken (other than English)

Section 4 – Registration membership details

You must have current registration for any State or Territory in which you practice or provide evidence of eligibility in accordance with the eligibility requirements for the Medicare Allied Health and Dental initiative.

State or Territory	Registration number	Date registered	Name of Society/Board or Association

Practitioner eligibility requirements

Please attach a certified copy of documents confirming registration/membership with the relevant State or Territory Board membership of a National Professional Association or qualifications. Eligibility requirements can be found at www.hic.gov.au/providers/forms/medicare or by calling 132 150. To be deemed eligible as an Allied Health Professional you must be:

- (i) registered with a registration board as listed on the “Practitioner eligibility requirements for Medicare Allied Health and Dental initiative” if required to under the relevant State or Territory law; or
- (ii) are a member of an association with national registration requirements (where there is no such law); and/or
- (iii) able to meet the eligibility requirements described in the “Practitioner eligibility requirements for Medicare Allied Health and Dental initiative”.

Section 5 – Required Practice locations – must be a private practice

Practice location: A practice location is its physical location (**not post office box**) and is the address at which you render services.

Practice 1

Start date <input type="text" value="(DD/MM/YY)"/> End date <input type="text"/> (if required)	Practice name	<input type="text"/>
	Building/Suite No/ Department	<input type="text"/>
	Street details	<input type="text"/>
	Locality/Suburb	<input type="text"/>
	State	<input type="text"/> Postcode <input type="text"/>
	Contact telephone number	(<input type="text"/>) <input type="text"/>
	Contact facsimile number	(<input type="text"/>) <input type="text"/>

Practice 2

Start date <input type="text" value="(DD/MM/YY)"/> End date <input type="text"/> (if required)	Practice name	<input type="text"/>
	Building/Suite No/ Department	<input type="text"/>
	Street details	<input type="text"/>
	Locality/Suburb	<input type="text"/>
	State	<input type="text"/> Postcode <input type="text"/>
	Contact telephone number	(<input type="text"/>) <input type="text"/>
	Contact facsimile number	(<input type="text"/>) <input type="text"/>

Please attach a list if you have additional practice locations.

Please close the following HIC Provider/Registration numbers:

Provider/Registration number	Address	Closing Date

Section 6 – Request for pay group link

A pay group link enables an allied health professional to have Medicare benefit cheques, which would have been issued payable to that allied health professional at his/her practice address, made payable to another address or another payee associated with the practice. **Cheques can only be sent to the requested pay group link from the date the application has been processed by the HIC.**

Practice address for which pay group link is sought

Practice name	<input type="text"/>	
Building/Suite No/ Department	<input type="text"/>	
Street details	<input type="text"/>	
Locality/Suburb	<input type="text"/>	
State	<input type="text"/>	Postcode <input type="text"/>

Requested payee
(if different to applicant)

Address of payee for mailing of payment

No <input type="text"/>	Street name <input type="text"/>	GPO Box <input type="text"/>	PO Box <input type="text"/>
Suburb or Town <input type="text"/>	Postcode <input type="text"/>		

Where the payee is a third party, the payee (or person properly authorised in the case of a body corporate or other entity) must agree to the arrangement by signing below.

Signature of payee <input type="text"/>	Date signed <input type="text"/>
Title/position <input type="text"/>	

Please note:

- (i) HIC policy concerning pay group links is that where a pay group to a third party is terminated by the practitioner, the third party will be routinely advised of the termination.
- (ii) After the date of termination of a pay group link any outstanding claims processed will be payable to the payee, at the address, recorded at the time of processing.
- (iii) A pay group link can be overridden where the payee provider section of the direct payment is completed.
- (iii) A pay group link applies to Medicare benefit cheques only.

Section 7 – Declaration

I declare that, to the best of my knowledge and belief, all the information provided on this application form is true and correct.

Signature of applicant <input type="text"/>	Date signed <input type="text"/>
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Privacy Note: Information provided by you on this form will be used to allocate a provider/registration number that will enable you to participate in the Medicare program. Its collection is authorised by law and may be disclosed to the Department of Health and Ageing. Some details are released on a regular basis to private health funds and other approved organisations, to assist with the payment of benefits. Such releases are authorised by law.

Lodgement details

When completed, your application may be posted to:

HIC Provider Liaison Section
PO Box 9822 (in your capital city)

OR

Your application can be sent by facsimile to:

NSW and ACT	(02) 9895 3439
VIC	(03) 9605 7984
QLD	(07) 3004 5408
SA	(08) 8274 9307
WA	(08) 9214 8201
TAS	(03) 6215 5700
NT	(08) 8922 6322

Please note:

- The application and supporting documentation should be submitted to HIC at least 14 working days prior to your proposed commencement date.
- Where applications are faxed, you must retain your original documents for auditing purposes.

Registration Enquiries: Telephone 132 150 (9am to 4:30pm) or email medicare.prov@hic.gov.au



Application for EFT payments for an allied health professional direct payments

Please complete a separate application for each practice for which Medicare benefits are to be paid by EFT.

Section 1 – Allied health professional and location details

Provider/Registration no.

Family name First name

Address Postcode

Telephone () Facsimile ()

Email

Section 2 – Financial Institution details

BSB no.

Bank name and branch

Account no.

Name in which account is held

Section 3 – Declaration

I, the applicant, being a registered allied health professional entitled to render professional services as defined in the *Health Insurance Act 1973*, apply to HIC to have Medicare benefits paid directly into the above mentioned account via electronic fund transfer (EFT).

Signature of practitioner

Dated this day of 20

Privacy Note

The information provided by you on this form will be used by HIC to identify your nominated financial institution details for the purposes of making electronic payments for Medicare direct payments. Your financial institution account details will be disclosed to the relevant financial institutions to facilitate payment of your claims.