



Information sheet for an application for an initial Medicare provider/ registration number for a Dentist, Dental Specialist or Dental Prosthetist

Important information

This application is to be used by a Dentist, Dental Specialist or Dental Prosthetist to apply for an initial Medicare provider/registration number. If you have an existing provider/registration number issued by Medicare Australia you should complete an application for a Medicare provider/registration number for an additional location form available at www.medicareaustralia.gov.au

You must have a current registration in the State or Territory for the practice location required.

Your application and supporting documentation should be sent to Medicare Australia prior to your proposed commencement date.

You should not commence billing until Medicare Australia has advised you of your provider/registration number and Medicare eligibility.

If you fax your application, you must retain your original documents for auditing purposes.

Note: this application will be returned if all relevant documentation/information is not supplied. Please print clearly and complete all sections.

Assistance

If you need assistance in completing this form call Medicare Australia on **132 150*** (8.30 am to 5.00 pm Monday to Friday) or visit www.medicareaustralia.gov.au

Lodgement

Send the completed and signed form to:

**Medicare Australia
Provider Eligibility Section
GPO 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
QLD	(07) 3004 5634	WA	(08) 9214 8201

* Call charges apply

** Call charges apply from mobile and pay phones only

Access to Medicare benefits

Dentists, dental specialists and dental prosthetists must apply for a unique provider/registration number for each location. In addition, a dentist, dental specialist or dental prosthetist who is also a medical practitioner or other allied health professional must apply for a unique provider/registration number in each health discipline.

Medicare Australia provider/registration numbers are allocated to enable participation in the Medicare program and to provide a method of uniquely identifying the provider and the location from which a service is provided. The provider/registration number also allows a dentist or dental specialist to request certain diagnostic imaging services as set out in the Medicare Benefits Schedule (MBS).

The Health Insurance Regulations provide that, for Medicare purposes, a valid account/receipt must contain the provider's name and either:

- the address of the place of practice from which the service was provided; or
- the provider/registration 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 provider as a registered person at the place of practice.

Diagnostic Imaging Services

Some dental specialists can request certain diagnostic imaging services as set out in the Health Insurance (Diagnostic Imaging Services Table) Regulations and the MBS. It is important to note that the following dental specialists are not eligible to request diagnostic imaging services:

- dento-maxillofacial radiology
- oral surgery
- special needs dentistry, and
- oral and maxillofacial surgery (dental qualifications only where specialty is registered on or after 1 November 2007).

Eligibility for registration under Medicare

Eligibility—Dentist

A **dentist** must have current registration with the Dental Board in the State or Territory for the practice location required.

Eligibility—Dentist Specialist

A **dental specialist** must hold specialist registration with the Dental Board in their State or Territory to practise in the particular specialty.

Eligibility—Dental Prosthetist

A **dental prosthetist** must be registered or licensed with the relevant State or Territory registration/licensing board to engage in the practise of dental prosthetics.

Where conditions or limits are imposed under relevant State or Territory law prohibiting a dental prosthetist from providing dental prosthetic services to patients, the dental prosthetist is not eligible to register with Medicare Australia to provide dental health services.

Students who are registered or licensed under relevant

State or Territory law in order to complete a course of study or supervised training in dental prosthetics, are not eligible to register with Medicare Australia to provide dental health services.

The following specific requirements also apply to dental prosthetists wishing to apply for a provider/registration number with Medicare Australia to provide dental health services.

- **‘Short-term’, ‘interim’ or ‘provisional’ registration**

Dental prosthetists whose registration or license to practise is granted for a ‘short-term’, ‘interim’, or ‘provisional’ period only, will be registered by Medicare Australia for the stated period only. After this time, registration will only be continued where the dental prosthetist provides Medicare Australia with evidence of their ongoing (i.e. current) registration or license to practise as a dental prosthetist.

- **‘Company’ registration**

Dental prosthetists whose registration or license to practise is granted in the name of a ‘Company’ are **not eligible** to register with Medicare Australia. To register with Medicare Australia the dental prosthetist must provide Medicare Australia with evidence that they, as an individual, are registered or licensed to practise as a dental prosthetist under relevant state or territory law.

- **‘Non practising’ registration**

Dental prosthetists whose registration or license to practise is granted as ‘non-practising’ are **not eligible** to register with Medicare Australia.

- **‘Limited’, ‘specific’ or ‘special purpose’ registration**

Some dental prosthetists are prohibited from providing dental prosthetic services to patients where their registration or license to practise is granted as ‘limited’, ‘specific’ or for a ‘special purpose’. Where a dental prosthetist is allowed by law to provide dental prosthetic services to patients under a ‘limited’, ‘specific’ or ‘special purpose’ registration or licence, the person will need to provide Medicare Australia with evidence that this is the case to be registered by Medicare Australia. This may be in the form of advice from the relevant state or territory registration board.

Cleft Lip and Cleft Palate Scheme

Dentists

All State or Territory registered dentists are entitled to perform simple extraction services and the general and prosthodontic services listed in the MBS.

Orthodontists

If you are an **orthodontist** intending to treat prescribed dental patients registered under the Cleft Lip and Cleft Palate Scheme, you also need to complete an application for recognition as an accredited orthodontist form available at www.medicareaustralia.gov.au

Dental prescriber number

A registered dentist or dental specialist who intends to prescribe medication under the Pharmaceutical Benefits Scheme (PBS) must complete an application form available at www.medicareaustralia.gov.au

A dental prosthetist is not eligible to prescribe medication under the PBS.

Personal contact details

If you tick the general correspondence box in question 4, your postal or email address will be recorded and may be used for mailing purposes. Please keep up to date to ensure important Medicare Australia information reaches you.

You can update your contact details on Medicare Australia's Provider Directory System using your health professional smart card or eCertificate issued by Medicare Australia.

Claiming

Electronic Funds Transfer (EFT) payments

Your Medicare and DVA benefits for bulk bill claims can be paid into a nominated bank account by completing the EFT payments for claims form available at www.medicareaustralia.gov.au

Online claiming

If you are claiming online, you should call Medicare Australia's eBusiness Service Centre on **1800 700 199**** and request an Online claiming banking details form.

Pay Group Link

You may elect to have Medicare benefit cheques, which would have been issued payable to you at your practice address, made payable to another payee associated with the practice and/or another address by completing the Pay Group Link form available at www.medicareaustralia.gov.au



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Tick where applicable

Personal details

Dr Mr Mrs Miss Ms

Other (please specify)

1 Family name

First given name

Other given names

2 Date of birth

 / /

3 Your sex

Male

Female

Personal contact details

4 Postal and/or email address to be used for:

This application only

General correspondence

Postal address

 Postcode

Email

@

5 Phone number

 ()

Mobile

Fax

 ()

Pager

6 Languages spoken (other than English)

Qualifications

7 Please select the dental category for which a provider/registration number is required:

Dentist Orthodontics

Dento-Maxillofacial Radiologist Paedodontics

Endodontics Periodontics

Oral Medicine and/or Oral Pathology Prosthodontics

Oral and Maxillofacial Surgery Special Needs Dentistry

Oral Surgery

Dental Prosthetist

Note: an orthodontist who also wishes to access Medicare benefits for cleft lip and cleft palate services must be an accredited orthodontist (refer to the information sheet).


8 Professional qualification

9 Place obtained

Year obtained

 / /

Registration

 I have attached a copy of the registration certificate or written confirmation from the Dental Board or the body responsible for licensing/registering dental prosthetists advising current registration status.

10 State or Territory

Registration number

Specialty

11 Does your registration allow you to work at the location/s listed below?

No If you answer **no**, a provider/registration number cannot be allocated for the required location

Yes

Required location

Note: The required location is the physical address (not a post office box) from which you render services.

12 Start date

End date

13 Location name/building

Property/Department

Suite Unit Shop

Number

Floor number

Location address

<input type="text"/>
<input type="text"/>
Postcode

14 Phone

Fax

Email

<input type="text"/>
<input type="text" value="@"/>

Declaration

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

Signature of applicant


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Date

Privacy note

The information provided on this form will be used to assess your application for a provider/registration number and to determine your eligibility to participate in the Medicare program. Its collection is authorised by the *Health Insurance Act 1973* and it may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, private health funds and other approved organisations or as authorised or required by law. Medicare Australia may contact the registration board or association to verify your current status.