Medical Officer – PHC Charleville

Clinical Systems Onboarding

Royal Flying Doctor Service
QUEENSLAND SECTION

Welcome to RFDS QLD!

As part of preparation for the onboarding process, we will require you to provide your Prescriber Number and RFDS location specific Provider Number which will enable you to access necessary RFDS clinical systems.

Without a valid Provider Number for your location, you will be unable to prescribe or bill for any patients at that location.

Applying online using Health Professional Online Services (HPOS) with a PRODA account is the most time efficient way to apply, as you'll be able to see your Provider Number as soon as it's issued and can bill after 2 business days.

If you are unable to use PRODA and need to apply using the HW019 MEDICAL PRACTITIONER Application for Medicare Provider Number and/or Prescriber Number form, please contact recruitment@rfdsqld.com.au and they will provide a pre-filled form for you; please be aware that this application process can take up to 8 weeks due to Medicare processes.

Please find attached relevant information:

- Applying for a RFDS Medicare Provider Number – Charleville
- TO RETURN: RFDS Prescriber Number & Provider Numbers Form – Charleville
  Please return to ClinicalApplications@rfdsqld.com.au
- TO RETURN: Medical Officer Consent for Release of Information Form
  Please return to ClinicalGovernance@rfdsqld.com.au

For your Medical Officer role in Primary Health Care, you are required to have provider numbers for **all Charleville clinic locations**:

- Charleville RFDS Base
- Thargomindah Clinic
- Windorah Clinic
- Birdsville Clinic
- Jundah Clinic
- Yowah Clinic
- Stonehenge Clinic
- Eulo Clinic
- Eromanga Clinic
- Yaraka Clinic

Please ensure you return all required documentation as stated above.

Kind Regards,

Digital & Technology Clinical Systems Team

ClinicalApplications@rfdsqld.com.au

RFDS Queensland Section

Level 4, 5-7 Lobelia Circle

Brisbane Airport QLD 4008

Applying for a RFDS Provider Number

Charleville

Royal Flying Doctor Service
QUEENSLAND SECTION

A Medicare provider number is a unique number issued to eligible health professionals recognised by Medicare services. Your provider number identifies:

- The location from which you provide services;
- Your eligibility to claim, bill, refer or request Medicare services; and
- You and your eligibility to have Medicare benefits paid for eligible services you provide

PRODA

Provider Digital Access (PRODA) is an online identity verification and authentication system which providers use to securely access government online services. The online system is linked with the Health Professional Online Services (HPOS) and allows you to apply for and retrieve provider numbers instantly.

If you already have a PRODA account linked to HPOS, go to Page 3 for details on How to Apply for RFDS Provider Numbers.

Create a PRODA Account

On the PRODA registration page, select Register now to begin the process. You'll need to:

1. Enter your details as they appear on your identity documents
2. Create your login details
3. Create a user name and password
4. Select 3 security questions and provide the answers
5. Verify your personal email address.
   PRODA recommends that you don't use a group or work email address.

- PRODA will send an activation code to your email address. To create your account, enter the code in the Email code field to verify your email address.
- Once PRODA verify your email address, they will confirm your account creation, username and Registration Authority (RA) number by email. The RA number is unique to your account.
  - You may need to raise a ticket with the RFDS QLD TechCafe (IT Helpdesk) including your RA upon your commencement, so that the Clinical Systems team can provide access to services, e.g. The Australian Immunisation Register (AIR).
  - You can also give this to the PRODA Helpdesk if you need support.
- You'll still need to verify your identity to finalise your account. Keep in mind, you won't be able to access any services until you do this.

Note: *You should take time to read the Terms and Conditions before you register. You'll find these and privacy details when you register for PRODA.*

Verify Documents

A list of documents will appear for you to select from. You'll use 3 documents to confirm your identity and you can only use an identity document once.

See the identity documents required on the PRODA website here.

Select your verification code preference

Each time you log in to your account you'll need to enter a single use verification code. PRODA will send this to your selected email address by default. You can update or change your verification code preference to SMS or mobile app from your account settings.

Link your healthcare identifiers to your PRODA account

To link your identifiers to your PRODA account:

- Log in to your PRODA account
- Select HPOS from the available services
- Select Yes to Have you been issued with any number or identifiers as part of your role?
- Enter your AHPRA number or choose and enter another identifier type, then select Search.
- Log in

The service will check that your identifier record matches to your PRODA details. You'll then get access to the HPOS functions relevant to your identifier type.

The functions will be available to you straight away. They will appear automatically under your HPOS service.

Link additional identifiers to access more HPOS functions

If you have multiple identifiers or identifier types, make sure you link them all. Then you will be able to access all the HPOS functions you need.

To add additional identifiers:

1. Log in to your PRODA account
2. Select Link identifiers on the HPOS tile
3. Follow the prompts to link your identifiers.
4. Log in

The HPOS functions will appear when you select the Go to service option on the HPOS tile.

Applying for a RFDS Provider Number

Charleville

Royal Flying Doctor Service
QUEENSLAND SECTION

How to Apply for RFDS Provider Numbers

In HPOS:

1. Select My details
2. Select My provider numbers
3. Select Create a new provider location
4. Read the privacy note
5. Select Next to provide address details
6. Select Next to provide contact details
7. Select Next to provide your organisation's details
8. Select Next to provide banking details
9. Select the acknowledgement checkbox
10. Select Submit location to complete

Question	Answer
Location start date	Your commencement date
Location end date	Leave blank
Is this a government funded Aboriginal and Torres Strait Islander Health Service or Aboriginal Medical Service	No
Are you in an approved section 3GA program?	No
Practice or hospital name	Royal Flying Doctor Service (Charleville)
Address	John Flynn Way, Charleville, Qld 4470
Location phone number	07 4654 1233
Email address	rfds_cvl@rfdsqld.com.au
Which one of the following do you want to do at this location	Refer, request and claim Medicare or Department of Veterans' Affairs rebateable services
ABN	80 009 663 478
ACN	009 663 478
Registered (entity) business name	Royal Flying Doctor Service (Queensland Section)
Business type	Company
Premises type	Practice – general practice
Does this practice use Medicare Online?	Yes
Practice Management Software Location ID	HSS57223
Does this practice use Medicare Easyclaim?	No
Name of bank	ANZ
Branch number (BSB)	014002
Account number	361064704
Account held in the name(s) of	Royal Flying Doctor Service (Queensland Section)

Assistance

If you require assistance with your application, you can contact the Medicare Provider Eligibility Section on 132 150.

Applying for a RFDS Provider Number

Charleville

Royal Flying Doctor Service
QUEENSLAND SECTION

Charleville Clinic Locations

Thargomindah Hospital Clinic 79 Dowling Street THARGOMINDAH QLD 4492	**Windorah Primary Health Care Centre** 15 Victoria Street WINDORAH QLD 4481
Birdsville Primary Health Centre 31 Adelaide Street BIRDSVILLE QLD 4482	**Jundah Primary Health Care Centre** 1 Hospital Road JUNDAH QLD 4736
Yowah Clinic 6 Matrix Drive YOWAH 4490	**Stonehenge Clinic** Stonehenge Town Hall STONEHENGE 4730
Eulo RFDS Child and Family Health Service Eulo Town Hall EULO QLD 4491	**Eromanga Clinic** Eromanga Town Hall EROMANGA QLD 4480
Yaraka Clinic Jarley Street YARAKA QLD 4702	

Australian Government
Services Australia

medicare

Application for a Medicare provider number and/or prescriber number for a medical practitioner (HW019)

When to use this form

Use this form if you are an eligible medical practitioner and would like to apply for an initial or subsequent Medicare provider number and/or a prescriber number.

You can also close locations or re-open a previously closed location using this form.

To find out if you are eligible to register, claim or access Medicare services, go to **servicesaustralia.gov.au/hpmedicarebenefits**

Applying online using Health Professional Online Services (HPOS)

If there are no eligibility restrictions (for example, government funded entity or registration restrictions), you can apply online using HPOS. HPOS provides a secure and convenient online service for health professionals to streamline interactions with Medicare.

HPOS allows eligible non-restricted health professionals to:

- apply for a subsequent location provider number
- close and re-open provider locations
- update address and contact details
- update banking details.

To create an account and/or access your records through HPOS, you will need a Provider Digital Access (PRODA) account. To register for a PRODA account and find out more about what your health profession can do in HPOS, go to **servicesaustralia.gov.au/hpos**

Recognition

If recognition is required for access to Medicare as a specialist or consultant physician, you will need to complete the **Application for recognition as a Specialist or Consultant Physician (HW077)** form. This form is available at **servicesaustralia.gov.au/hpforms**

Access to Medicare

You must apply for a unique provider number for each location and profession you practise in.

Provider numbers are allocated to enable eligible health professionals to:

- provide services listed under the Medicare Benefits Schedule (MBS)
- refer to relevant specialists and/or consultant physicians, where eligible
- request certain imaging and pathology services, where eligible.

The provider number identifies the location from which a service is provided. If you are no longer working at a location, you must close the provider number.

Claiming a Medicare benefit

Medicare services claimed must be performed when working in a private capacity except where the health professional is employed by, or under contract to, a facility that has been granted an exemption under subsection 19(2) and/or 19(5) of the *Health Insurance Act 1973*.

Medicare services must be provided by a private practitioner to privately billed patients. This means a health professional cannot provide Medicare services as an employee of a public hospital or other government funded entity.

Change in Residency Status

If you are a temporary resident and become a permanent resident **you must tell us immediately**. Any delay or failure to notify a change of residency status, may mean you receive money that you are not entitled to and result in a debt.

Use of residential addresses

Careful consideration should be given to using a residential or other private address. Provider number location addresses may be publicly available, for example:

- included on written referrals
- available to private health funds.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals** or call **132 150** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ***Go to 1*** skip to the question number shown.

An application will be returned if information is missing and/or not signed. Digital or electronic signatures are not acceptable.

If eligible, have you considered applying through HPOS?

STOP Check that you have answered all the required questions and provide the requested documentation when you return this form. If the application is not complete, it will be returned and you will need to re-apply.

1 What would you like to apply for? Tick **all** that apply.

☐ An initial provider number

☐ A subsequent provider number for a new location

▶ Existing provider number

☐ To re-open a location

▶ Currently closed provider number

☐ To close a location

▶ Provide details below:

Provider number for location

Address for location

Postcode

Location end date (DD MM YYYY)

If you are closing, complete questions 1, 2, 3, 6, 7, 32 and 33 only.

☐ Prescriber number

If you are applying for a prescriber number only (you must already have a provider number allocated) provide details:

▶ Provider number

If you are applying for a prescriber number only, (and already have a provider number) **complete questions 1, 2, 3, 6, 7, 32 and 33 only.**

Applicant's details

A provider number will be issued in the name in which you are registered with the Australian Health Practitioner Regulation Agency (Ahpra).

2 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Your gender Male ☐ Female ☐

5 Languages spoken (other than English)

Personal contact details

6 Postal address

Postcode

7 Business phone number (including area code)

Mobile phone number

Email

Residency status

You **must** immediately notify Services Australia of **any change** in your residency status.

8 What is your current residency status?

☐ Australian citizen

☐ Born in Australia ▶ ***Go to 11***

or

Date you became an Australian citizen (DD MM YYYY)

▶ ***Go to 10***

or

☐ Permanent resident

Date you became a permanent resident (if born in Australia provide date of birth) (DD MM YYYY)

▶ ***Go to 10***

or

☐ Temporary Resident ▶ ***Go to 9***

9 Are you a New Zealand citizen or New Zealand permanent resident?

No ☐

Yes ☐

Qualification

10 Did you obtain your primary medical qualification in an accredited medical school in Australia or New Zealand?

No ☐

Yes ☐ ▶ For an initial provider number and for any change in residency status, it is mandatory to supply evidence of your residency status at your date of enrolment.

Provide evidence of your residency status at your date of enrolment, for example, your visa.

MCA0HW019 2301

11 Primary medical qualification

Country obtained

Medical school

Year obtained

12 Did you obtain your base medical qualification from an overseas medical college, are subject to the Ten Year Moratorium and require access to Medicare benefits?

No ☐

Yes ☐

Provide:
- a copy of your current medical registration
- personal pages of your passport
- current visa status, and
- a letter of support from your employer as to why you require access to Medicare benefits and the period required.

13 Have you signed a Bonded Program agreement with the Department of Health?

No ☐

Yes ☐ Medical Rural Bonded Scholarship (MRBS) ☐

or

Bonded Medical Places (BMP) ☐

Registration details

14 Ahpra Registration number

You **cannot** be allocated a provider number unless you are registered with the Medical Board of Australia.

Provide a copy of your current medical registration certificate if applying for an initial provider number.

15 Were you registered with an Australian Medical Board **prior to 1 January 1997**?

No ☐

Yes ☐

Provide a copy of the medical board registration from the date of first registration if not previously supplied.

Recognition

16 Have you applied for recognition as a:

Specialist or consultant physician ☐

General practitioner ☐

This information will be used if we need to apply to the Department of Health for a section 19AB exemption on your behalf.

Required location

17 Are you applying for more than one location?

No ☐

Yes ☐

Where eligible, create subsequent provider numbers in HPOS or print and provide additional copies of pages 3, 4 and 5 of this form, as required. Complete questions 17 to 30 for **each** additional location.

18 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

Read this before answering the following questions.

Questions 19 and 20 relate to government funded medical services covered under S19(2) and/or 19(5) Exemptions. For more about S19(2) and 19(5) Exemptions go to **legislation.gov.au**

19 Is this a government funded Aboriginal and Torres Strait Islander Health Service or Aboriginal Medical Service?

No ☑

Yes ☐

20 Is this a government funded Headspace Centre and the services provided are by a general practitioner?

No ☑

Yes ☐

21 Are you in an approved section 3GA program?

No ☑

Yes ☐

Before your application can be finalised, the organisation authorised to approve your placement must complete and sign an approved placement form and send it to Services Australia. For more information about approved section 3GA programs, go to **health.gov.au**

22 Location address

You must provide a **valid** address for a location you are or will be practicing at. Address details must be completed in full and must not contain 'corner of' or 'unknown' as part of the address. If this is your residential address read the important information on **Use of residential addresses** on page 1.

Practice or hospital name

Royal Flying Doctor Service (Charleville)

Unit | Suite | Shop | Floor number

Street number

Street name

John Flynn Way

Suburb/Town

Charleville

State QLD Postcode 4470

Location phone number (including area code)

0 7 4 6 5 4 1 2 3 3

Email

rfds_cvl@rfdsqld.com.au

Read this before answering the following questions.

Questions 23 to 26 are the details of the person, business or organisation that will receive the Medicare benefit for the location and the provider number being applied for.

23 Which one of the following do you want to do at this location:

Tick one only

- Refer and request only (such as hospital interns) ☐ ***Go to 31***
- Refer, request and claim Medicare or Department of Veterans' Affairs rebateable services ☑
- Refer, request and assist at private operations only ☐

24 Your employment status at this location is:

Tick one only

Self	Individual proprietor ☐
	Sole trader ☐
	Joint owner in a partnership ☐
Employee	Salaried ☐
	Contracting organisation ☐

25 Business details relating to your employment at this location

Australian Business Number (ABN) for the person, business or organisation who will receive the Medicare benefit.
The ABN can be found on ABN lookup **abr.business.gov.au**

Australian Business Number (ABN)

8 0 0 0 9 6 6 3 4 7 8

Australian Company Number (ACN) (If applicable)

0 0 9 6 6 3 4 7 8

Registered (entity) business name

This must match the details as they appear in the **entity name** field on the Australian Business Register.

Royal Flying Doctor Service (Queensland Section)

26 Business type:

Tick one only

- Individual proprietor ☐
- Partnership ☐
- Unincorporated association ☐
- Company ☑
- State Government ☐
- Territory Government ☐
- Other public body ☐

27 Premises type:

Tick one only

- Hospital - public ☐
- Hospital - private ☐
- Practice - general practice ☑
- Practice - other private practice ☐
- Educational institution ☐
- Residential care facility ☐
- Other community health care service ☐
- Home ☐
- Mobile ☐

28 Does this practice use Medicare Online?

- No ☐
- Yes ☑ Give details below

Practice Management Software Location ID

H S S 5 7 2 2 3

29 Does this practice use Medicare Easyclaim?

- No ☑
- Yes ☐ Give details below

Name of the financial institution that supplied the EFTPOS device

Bank account details

Provide the bank account details for the recipient of the Medicare benefit for the location(s) named at question 22.

30 Name of bank, building society or credit union

ANZ

Branch number (BSB)

0 1 4 0 0 2

Account number (this may not be the card number)

361064704

Account held in the name(s) of

Royal Flying Doctor Service (Queensland Section)

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT.

The nominated account for this location will be used for both Medicare and the Department of Veterans' Affairs benefit payments.

Checklist

31 Check you have answered all relevant questions and the form is physically signed and dated.

Which of the following documents are you providing with this form?

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

If you are not sure, check the question to see if you should provide the documents.

A copy of your current medical registration certificate if applying for an initial provider number.	☐
Evidence of your residency status at your date of enrolment. *(if you answered Yes at **question 10**)*	☐
A copy of your current medical registration. *(if you answered Yes at **question 12**)*	☐
Personal pages of your passport and current visa status. *(if you answered Yes at **question 12**)*	☐
A letter of support from your employer as to why you require access to Medicare benefits, the practice location address, and the period required. *(if you answered Yes at **question 12**)*	☐
A copy of the medical board registration from the date of first registration. *(if you answered Yes at **question 15**)*	☐
If applying for more than one location, provide a copy of pages 3, 4 and 5 of this form. *(if you answered Yes at **question 17**)*	☐

For more information about PBS and prescriber numbers, go to **servicesaustralia.gov.au/hppbsprescriber**

For more information about Medicare services, go to **servicesaustralia.gov.au/hpmedicarebenefit**

Privacy notice

32 The privacy and security of your personal information is important to us, and it is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

Medical practitioner's declaration

33 **I declare that**:

- I am aware of my legal obligation to provide true and accurate information.
- I have read **servicesaustralia.gov.au/hpmedicarebenefits** and understand my legislative requirements on the use of my Medicare provider number.
- the information I have provided in this form is complete and correct.

I acknowledge that:

- **I must notify Medicare of any changes to my residency status as this change may impact my eligibility to access Medicare benefits.**

I understand that:

- giving false or misleading information is a serious offence and that the information I have provided in this form may be subject to scrutiny through the relevant compliance and audit arrangements.

Medical practitioner's full name

Medical practitioner's signature

On completion, print and sign by hand.

This must be an original signature. Digital or electronic signatures are not acceptable.

Date (DD MM YYYY)

Returning your form

STOP

Check that you have answered all the required questions and the form is signed and dated.

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

Return this form and any supporting documents by:

- **post** to
  Services Australia
  Provider Registration Section
  GPO Box 9822
  In your capital city
- **fax** to

NSW/ACT	**02 9895 3439**	SA/Tas	**08 8274 9307**
Vic/NT	**03 9605 7984**	WA	**08 9214 8201**
Qld	**07 3004 5634**		

RFDS Prescriber Number & Provider Numbers Form – Charleville

Please return this form via email to: ClinicalApplications@rfdsqld.com.au at your earliest convenience.

Name	
Prescriber Number	

Location	Provider Number
Charleville RFDS Base	
Thargomindah Clinic	
Windorah Clinic	
Birdsville Clinic	
Jundah Clinic	
Yowah Clinic	
Stonehenge Clinic	
Eulo Clinic	
Eromanga Clinic	
Yaraka Clinic	

Kind Regards,

Digital & Technology Clinical Systems Team
ClinicalApplications@rfdsqld.com.au
RFDS Queensland Section
Level 4, 5-7 Lobelia Circle
Brisbane Airport QLD 4008

RFDS Queensland Head Office
Level 4, 5-7 Lobelia Circle
Brisbane Airport QLD 4008
Postal Address:
12 Casuarina Street
Brisbane Airport QLD 4008

T 07 3860 1100
F 07 3860 1122
E rfds_bne@rfdsqld.com.au
> www.flyingdoctor.org.au

Royal Flying Doctor Service
QUEENSLAND SECTION

MEDICAL OFFICER CONSENT FOR RELEASE OF INFORMATION

The below Medical Officer is a Clinician of the Royal Flying Doctor Service Queensland Section. This Medical Officer has requested that Royal Flying Doctors Service obtain sensitive health information on their behalf in relation to a patient they are currently treating. Please accept the below authority to assist them in on-going patient care and billing requirements. Please release information via email to: **healthinforequests@rfdsqld.com.au**

MEDICAL OFFICER DETAILS:

Full Name: _____ **Contact Number:** _____

DOB: _____ **Gender:** _____

Other Names I have been known by: _____

HPI-I Number: ***(Not mandatory):*** _____

Prescriber Number: _____

Provider Number: All RFDS Provider Numbers

Qualifications and where obtained/year_____

_____

MEDICAL OFFICER CONSENT TO RELEASE INFORMATION

I, _____ (Print Name), give full permission for Royal Flying Doctor Service to obtain information on my behalf as per the below requirements: -

Patient Billing Information (Including)	☐	Medications	☐
		Allergies	☐
		Immunisations	☐
Patient Medicare Details	☐	Investigations Results	☐
Correspondence	☐	Other Results	☐
Other (Please Specify)	☐		

Within the period/date range of: _____

_____

Declaration:

I declare that:

- The information provided in this form is complete and correct
- I understand it is an offence to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.

Applicant Signature	Applicant Name	Date
_____	_____	_____
Witness Signature	Witness Name	Date
_____	_____	_____