

Nurse Practitioner – PHC Charleville

Clinical Systems Onboarding

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 HW088 NURSE PRACTITIONER OR MIDWIFE 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*

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

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

Please return the attached "RFDS Prescriber Number & Provider Numbers Form" via email to: ClinicalApplications@rfdsqld.com.au at your earliest convenience.

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

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.

Applying for a RFDS Provider Number

Charleville

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

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

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	

Application for a Medicare provider number and/or prescriber number for a nurse practitioner or midwife (HW088)

When to use this form

Complete this form if you are an eligible nurse practitioner or midwife and would like to apply for an initial or subsequent Medicare provider number, or an eligible nurse practitioner or midwife under Section 84AAF/84AAJ of the *National Health Act 1953* applying for 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

For more information about Pharmaceutical Benefits Scheme (PBS) and prescriber numbers, go to servicesaustralia.gov.au/hppbsprescribers

Access to Medicare

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

Provider numbers are allocated to enable eligible nurse practitioners and midwives 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.

A provider number may be issued to an eligible nurse practitioner or midwife to refer to specialists and/or consultant physicians and to request certain diagnostic imaging and pathology services while working in a public facility.

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 nurse practitioner or midwife 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 an eligible nurse practitioner or midwife cannot provide Medicare services as an employee of a public hospital or other government funded entity.

Eligibility for a provider/prescriber number

You must be registered with and endorsed by the Nursing and Midwifery Board of Australia as an eligible nurse practitioner or eligible midwife.

For more information about registration requirements go to ahpra.gov.au

Important information

Evidentiary documents

Attach a copy of your Australian Health Practitioner Regulation Agency (Ahpra) registration certificate with your initial application for a provider and/or prescriber number.

Use of residential addresses

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

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

Collaborative arrangements

The Health Insurance Regulations 2018 sections Part 2, Division 1 (5) and Division 2 (7) state that collaborative arrangements are required to be in place where access to Medicare benefits is required for services provided by a nurse practitioner or midwife.

You **do not** need to send in a copy of your agreement with this application.

Prescriber number

To apply for a prescriber number you must have successfully undertaken an approved prescribing qualification to be an authorised nurse practitioner or midwife for the purposes of prescribing pharmaceutical benefits under the Pharmaceutical Benefits Scheme.

Health Professionals Online Services (HPOS)

HPOS provides a secure and convenient online service for eligible health professionals to streamline interactions with the department.

To access your record through HPOS you will need a PRODA account.

HPOS allows eligible nurse practitioners and midwives to:

- update address and contact details
- update banking details
- update location organisation details.

To register for a PRODA account and to find out more about HPOS, go to servicesaustralia.gov.au/hpos

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, print and sign 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.

Digital or electronic signatures are not acceptable.



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

▶ 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, 23 and 24 only

- ☐ Prescriber number

You must have endorsement to prescribe medication.

If you are only wanting a prescriber number, complete questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 22, 23 and 24 only

Applicant's details

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

Business phone number

Mobile phone number

Email

Health profession

7 Select the profession this application relates to. One application form per profession:

Tick one only

Nurse practitioner ☐

Midwife ☐

Qualifications

8 Professional qualification

Place obtained

Year obtained



MCA0HW088 2204

Registration details

9 Ahpra registration number

You **cannot** be allocated a provider number unless you are registered with Ahpra.



Provide a copy of your Ahpra registration certificate if applying for an initial application.

Required location

10 Are you applying for more than 1 location?

No ☐

Yes ☒



Print and provide additional copies of pages 3 and 4, as required. Complete questions 11 to 21 for **each** additional location.

11 Location start date (DD MM YYYY)

Location end date (optional) (DD MM YYYY)

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

No ☒

Yes ☐

13 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

Suburb/Town

Charleville

State **QLD**

Postcode **4470**

Location phone number

Email

rfs_cvl@rfsqld.com.au

14 Will you or your patients be claiming a Medicare or Department of Veterans' Affairs (DVA) benefit for services provided at this location?

No ☒ (refer and request only) **Go to 22**

Yes ☐

Read this before answering the following questions.

Questions 15 to 18 and 21 **must** be completed. These 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.

15 Your employment status at this location is:

Tick one only

Self

Individual proprietor ☐

Sole trader ☐

Joint owner in a partnership ☐

Employee

Salaried ☐

Contracting organisation ☐

16 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)

Australian Company Number (ACN) (If applicable)

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)

17 Business type:

Tick one only

Individual proprietor ☐

Partnership ☐

Unincorporated association ☐

Company ☒

State Government ☐

Territory Government ☐

Other public body ☐

18 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 ☐

19 Does this practice use Medicare Online?

No ☐

Yes ☒ Practice Management Software Location ID

H S S 5 7 2 2 3

20 Does this practice use Medicare Easyclaim?

No ☒

Yes ☐ Name of the financial institution that supplied the EFTPOS device

Bank account details

Provide the bank account details for the recipient of Medicare benefit for the location(s) named at question 13.

21 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

22 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.

Your Ahpra registration (at question 9) ☐

If applying for more than one location, provide a copy of pages 3 and 4 of this form. ☐
(if you answered Yes at question 10)

Privacy notice

23 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

Nurse practitioner's or midwife's declaration

24 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:

- prior to claiming a Medicare benefit:
 - I will be working in a private capacity, or where a 19(2) and/or 19(5) exemption has been granted, and
 - I will have a collaborative arrangement in place.

I understand that:

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

Nurse practitioner's or midwife's full name

Nurse practitioner's or midwife's signature

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

Date (DD MM YYYY)

Returning your form



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



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

Title

Medical Officer Consent for Release of Information

Document ID

MYRFDS-1800068415-1640

Parent Group

Health Information Management

Document Version and Status

10.0, Approved

Approved By

Lauren Kent

Date Approved

22/02/2023

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