PHC Registrar Cairns

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/s which will enable you to access necessary RFDS clinical systems.

Without additional RFDS-specific Provider Numbers, you will be unable to use our medical record system, prescribe, request investigations, or bill Medicare, which are essential requirements for your placement.

You are required to apply for your Provider Number/s through your training organization, and not through RFDS directly. Please contact your training organization for further information.

Please return the attached to ClinicalApplications@rfdsqld.com.au:

- RFDS Prescriber Number & Provider Numbers Form – Cairns PHC
- Medical Officer Consent for Release of Information Form

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

PHC Registrar (CNS)

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

You are required to **apply for your Provider Number/s through your training organization**, and not through RFDS directly. Please contact your training organization for further information.

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 (Cairns)
Address	Royal Flying Doctor Street, General Aviation, Cairns Airport, Aeroglen, Qld, 4870
Location phone number	07 4040 0444
Email address	rfds_cns@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)

Applying for a RFDS Provider Number

PHC Registrar (CNS)

Royal Flying Doctor Service
QUEENSLAND SECTION

Cairns Clinic Locations

Kowanyama Primary Health Care Centre Carrington Street KOWANYAMA QLD 4892 Telephone: (07) 4083 7600	**Coen Primary Health Care Centre** Armhurst Street COEN QLD 4892 Telephone: (07) 4083 5900
Lockhart River Primary Health Care Centre Puchewoo Street LOCKHART RIVER QLD 4892 Telephone: (07) 4060 7155	**Pormpuraaw Primary Health Care Centre** 8 Korka Street PORMPURAAW QLD 4892 Telephone: (07) 4060 4800
Georgetown Hospital High Street GEORGETOWN QLD 4871 Telephone: (07) 4062 1266	**Mount Surprise Clinic** Crampton Street MOUNT SURPRISE QLD 4871 Telephone: (07) 4062 3171
Croydon Primary Health Care Centre Sircom Street CROYDON QLD 4871 Telephone: (07) 4748 7000	**Einasleigh Clinic** Baroota Street EINASLEIGH QLD 4871 Telephone: (07) 4062 5155
Forsayth Primary Health Centre Lot 21, Fourth Street FORSAYTH QLD 4871 Telephone: (07) 4062 5372	**Chillagoe Primary Health Centre** 21 Hospital Avenue CHILLAGOE QLD 4871 Telephone: (07) 4094 7500
Pentland Clinic Pentland Memorial Hall Gilmore Street PENTLAND QLD 4816 Telephone: (07) 4788 1155	**Greenvale Clinic** JES Building Redbank Drive GREENVALE QLD 4816 Telephone: (07) 4788 4268
Ravenswood Clinic QLD Ambulance Building Deighton Street RAVENSWOOD QLD 4816 Telephone: (07) 4752 3100 (Gold Mine)	**Cape Clinics** **Western Clinics** **Southern Clinics**

RFDS Prescriber Number & Provider Numbers Form – Cairns PHC

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

Name	
Prescriber Number	

Location	Provider Number
Cairns RFDS Base	
Coen Clinic	
Kowanyama Clinic	
Lockhart River Clinic	
Pormpuraaw Clinic	
Croydon Clinic	
Chillagoe Clinic	
Mount Surprise Clinic	
Einasleigh Clinic	
Ravenswood Clinic	
Forsayth Clinic	
Pentland Clinic	
Greenvale Clinic	
Georgetown 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
_____	_____	_____