



Application for a Registered Medicare Australia Provider Individual Certificate (Individual Certificate)

Complete this form if you do not have an Individual Certificate. Your Individual Certificate will be issued on a Health professional card to enable you to transact business online with Medicare Australia.

Provider details

Your full name

Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

Medicare provider number

Please note: your Certificate will be sent to the address associated with the provider number you give below or to your preferred mailing address as known by Medicare Australia. Please ensure the details you provide to us are up to date.

Telephone number (during business hours)

Fax number

Email

Signature

Date

When you have completed this form, please return to:

Medicare Australia
Locked Bag 6666
TUGGERANONG DC ACT 2901

OR

Fax to **(02) 6124 4297**

For any enquiries about your provider number and location details, please contact **132 150*** (8.30am to 5pm (EST) Monday to Friday) or email **medicare.prov@medicareaustralia.gov.au**

For more information on Individual Certificates please call Medicare Australia's eBusiness Service Centre on **1300 660 035*** or go to www.medicareaustralia.gov.au/providers/online_initiatives/online

Privacy Note: The information you give on this form will be used to verify your registration with Medicare Australia as a known Provider and to issue and manage your keys and certificates and Health Professional Card. Medicare Australia will not disclose your personal information to anyone else unless authorised or required by law.

*Call charges apply