



After Hours Other Medical Practitioners (OMPs) Programme Application Form

Please complete this Application Form in consultation with the Programme Guidelines.
Please refer to Section 7 - Application Process.

PART 1 - ELIGIBILITY FOR PROGRAMME

To be eligible for this Programme a medical practitioner must:

Please tick

be a non-vocationally recognised medical practitioner registered with the Medical Board of Australia

Yes No

be providing after hours services through an accredited Medical Deputising Service (MDS) or an accredited general practice location;

Yes No

have current access to Medicare Benefits;

Yes No

enrol for RACGP or ACRRM assessment and attain Fellowship within 6 years of registration on the Programme;

Yes No

If you have answered yes to all of the above requirements, you are eligible to apply for the After Hours OMPs Programme.

PART 2 - PERSONAL INFORMATION

Title:

Surname:

Given Names:

Residential Address

Street Name:

Suburb:

State:

Postcode:

Postal Address

PO Box:

Suburb:

State:

Postcode:

Daytime Phone Number:

Fax Number:

Mobile Phone Number:

Email address:

PART 3 - CURRENT MEDICARE ACCESS

Date Australian Medical Registration obtained

Do you have current Medicare access? Yes No

If Yes, please indicate how. 3GA Programme 19AB exemption
(Rural Locum Relief Programme or AMDS Programme)

non-vocationally recognised other medical practitioner

Other - please specify

PART 4 - MEDICARE PROVIDER NUMBER

Do you have a current Medicare Provider Number? Yes No

Medicare Provider Number

PART 5 - PRACTICE LOCATIONS

Please refer to Section 4 of the Programme Guidelines for further information.

Please list the Practice location(s) you wish to register for this Programme.

Practices must be accredited in order to be eligible for the Programme.

MDS/Practice Address

Street Name:

Suburb:

State:

Postcode:

MDS/Practice Address

Street Name:

Suburb:

State:

Postcode:

MDS/Practice Address

Street Name:

Suburb:

State: Post code:

Attached is proof that practice location/s are accredited MDSs or accredited general practice locations Yes No

(Refer Section 6 of the Programme Guidelines).

PART 6 - DECLARATION AND CONSENT

Privacy Note

The information provided by you in this Application form will be used to assess your eligibility to participate in the After Hours Other Medical Practitioners (AHOMPs) Programme. Where appropriate, information may be exchanged between any two or more of the Department of Health, the Department of Veterans' Affairs, the Department of Human Services - Medicare, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine for the purposes of administering, monitoring, reviewing and evaluating the Programme. Please note that any personal information you have supplied in connection with your application for the Programme will be dealt with in accordance with the *Privacy Act 1988*, and in particular, the Information Privacy Principles set out in section 14 of that Act.

Declaration and Consent:

I declare that:

- 1) The information that I have supplied in this Application Form is true and correct in every particular. I understand that providing false and misleading information is a serious offence.
- 2) I agree to the release and exchange of information between any two or more of the Department of Health, the Department of Veterans' Affairs, the Department of Human Services - Medicare, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine for the purposes of administering, monitoring, reviewing and evaluating the Programme.
- 3) The services I provide under this Programme will be in accordance with the Programme guidelines.

Applicant Signature

Date

PART 7 - LODGEMENT OF APPLICATION

Please send or fax your completed application to the Department of Human Services – Medicare by emailing: PROVIDER.REGISTRATION@humanservices.gov.au

PART 8 - ASSESSMENT AND VERIFICATION OF APPLICATION

Please refer to Section 8 of the Programme Guidelines for further information.

Once an application has been approved in writing, Programme participants will have access to the higher Medicare rebate and will be able to claim the appropriate higher item numbers listed in the *Medicare Benefits Schedule*.

It is the responsibility of individual practitioners to ensure they are registered on the After Hours OMPs Programme before billing at the higher rate. The Department of Human Services - Medicare will send a letter to all applicants informing them of the outcome of their application.

FURTHER QUESTIONS?

If you have questions regarding the After Hours OMPs Programme or are experiencing difficulty with the application process, please contact the Department of Human Services - Medicare on: **1800 032 259**

OFFICE USE ONLY:

Assessment and Verification of Application

Applicant Provider No:

Application Approved Yes No

Date approved:

Verification of accreditation attached Yes No

Access end dated Yes No

Date access ends:

Application not approved:

If application not approved provide reason:

Notice sent to practitioner Yes No

Date sent:

Processed by

Name:

Position:

Signature: