Purpose of this form
Complete this form if you are a Fellow of the Royal Australian College of General Practitioners and want to be recognised as a General Practitioner for Medicare purposes. This will give you access to the General Practitioner items in the Medicare Benefits Schedule (MBS).

The application and confirmation from the Royal Australian College of General Practitioners (RACGP) that you have obtained Fellowship should be submitted to the Australian Government Department of Human Services before your proposed start date. The Department of Human Services will notify you of the date you can start using the General Practitioner items.

For more information
For more information go to our website humanservices.gov.au/healthprofessionals or call 132 150 Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply - calls from mobile phones may be charged at a higher rate.

For more information about participating in quality assurance and continuing professional development contact the RACGP QA & CPD co-ordinator in your state or territory.

Filling in this form
- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ✓ or ✗

Returning your form
Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:
Department of Human Services
Provider Liaison Section
GPO Box 9822
in your capital city

or

Fax:
NSW 02 9895 3439  NT 08 8922 6322
ACT 02 9895 3439  SA 08 8274 9307
VIC 03 9605 7984  WA 08 9214 8201
QLD 07 3004 5634  TAS 03 6215 5700

Where documents are submitted to the Department of Human Services by fax, please ensure you retain the original document.

Application for recognition as a General Practitioner
Fellows of the Royal Australian College of General Practitioners

Provider’s contact details

1 Provider number

2 RACGP number

3 Dr  Mr  Mrs  Miss  Ms  Other
Family name
First given name
Second given name

4 Your sex
Male  Female

5 Date of birth
/
/

6 Postal address

Postcode

7 Daytime phone number

Mobile phone number

Fax number

Email

@

8 These details can be recorded as my preferred contact details?
No  Yes
Privacy notice

9 Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

10 I declare that:

• the information I have provided in this form is complete and correct.

I understand that:

• my continued access to the general practitioner items in the Medicare Benefits Schedule depends on meeting the RACGP’s minimum requirements for participation in quality assurance and continuing professional development.

• giving false or misleading information is a serious offence.

Provider’s signature

[Signature]

Date

/ /