

## Applying for a new provider number – PLEASE FOLLOW INSTRUCTIONS CAREFULLY

You can currently use HPOS to add a **subsequent** provider location number. If this is your first provider number, please let us know and we will provide you with a manual application form.

**To create a new provider number for your work with My Mirror:**

**Step 1:** Sign up or use your [Provider Digital Access \(PRODA\) account](#) to access provider number details using HPOS.

**Step 2:** Create a new provider location number (You must have a provider number for each location where you work)

- Select **My details**
- Select **My provider numbers**
- Select **Create a new provider location**
- Read the information message and privacy note
- Select **Next**
  - Organisation Site ID: leave blank (not a mandatory field)
  - Enter the **My Mirror Business Address**
- **Suite/Unit Number 1, 160 Stirling Highway, Nedlands, WA, 6009**

*Please provide your organisation site ID*

**Organisation Site ID**

An Organisation Site ID is the ID which is generated when an organisation site is created in the Organisation Register. An Organisation Site is where an individual practice, clinic or other healthcare service is provided. For information about how to find an Organisation Site ID: [ORGREGINFO8 - How do I find my Organisation Site record and its ID number? \(servicesaustralia.gov.au\)](#)

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*Practice address details*

Street Name, Locality and Postcode are ( \* ) mandatory, and at least one of Building or Department, Lot Number, or Street Number must be entered.

<b>Building or Department</b>	<input type="text"/>	
<b>Property</b>	<input type="text"/>	
<b>Suite/Unit Type</b>	<input type="text" value="UNIT"/>	<b>Suite/Unit Number</b> <input type="text" value="1"/>
<b>Floor/Level Type</b>	<input type="text"/>	<b>Floor/Level Number</b> <input type="text"/>
<b>Lot Number</b>	<input type="text"/>	<b>Street Number</b> <input type="text" value="160"/>
<b>Street Name*</b>	<input type="text" value="STIRLING"/>	
<b>Street Type</b>	<input type="text" value="HWY"/>	<b>Street Suffix</b> <input type="text"/>
<b>Locality*</b>	<input type="text" value="NEDLANDS"/>	
<b>Postcode*</b>	<input type="text" value="6009"/>	

- Select **Next** to provide contact details
  - Phone; Enter your personal phone number
  - My Mirror Email Address; [claims@mymirror.com.au](mailto:claims@mymirror.com.au)
  - Location Start Date; **Enter todays date**

\* Mandatory fields  
 \*\* A minimum of 1 of these 2 fields is mandatory

Practice contact details	
Telephone **	<input type="text"/> <input type="text"/> <input type="text"/>
Mobile **	+61 <input type="text"/> your # <input type="text"/>
Email	<input type="text" value="claims@mymirror.com.au"/>
Fax	<input type="text"/> <input type="text"/> <input type="text"/>
Location start date *	<input type="text" value="18/06/2025"/>
Location end date	<input type="text" value="DD/MM/YYYY"/>

- Select **Next** to provide your organisation’s details
  - Claiming a Medicare Benefit; select yes
  - Employment Type; Sole Trader
  - My Mirror ABN: 60 635 629 364
  - Trading As; My Mirror
  - Business Type; Company
  - Premises Type; Practice – other private practice

mandatory fields

**Claiming a Medicare benefit**

- Prior to claiming a Medicare benefit, you are required to be working in a private capacity, or at a location where a 19(2) and/or 19(5) exemption has been granted.
- Medicare services must be provided by a health professional in private practice to privately billed patients. This means a health professional cannot provide Medicare services as an employee of a public hospital or other government funded entity.
- Should you wish to claim Medicare benefits at this location you will need to provide organisation and banking details.

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

**Yes (organisation and bank details will be required)**  
 **No, I do not want to claim Medicare benefits at this location**

**Your organisation details**

<b>Employment type *</b>	Sole trader	*
<b>Organisation details</b>	<a href="#">Change organisation</a>	
<small>(To change ABN, Registered Business Name, ACN, Trading As, Business Type and Premises Type, please click on Change Button)</small>		
<b>Australian business number (ABN) *</b>	60635629364	
<b>Registered business name</b>	MIRROR PTY LTD	
<b>Australian company number (ACN)</b>	635629364	
<b>Trading as *</b>	My Mirror	
<b>Business type *</b>	Company	
<b>Premises type *</b>	Practice - other private practice	

**IMPORTANT – PLEASE ADD MINOR ID TO AVOID HAVING TO CALL MEDICARE**

- Select **Next** to provide banking details
  - Do you have a Medicare online minor ID for this location; Yes and enter **Minor ID PA085506 (Please take a screenshot of this page once entered)**
  - Type of account details; Enter a new account
    - Bank: Commonwealth Bank of Australia
    - Account Name: Mirror Pty Ltd
    - BSB: 062-692
    - Account Number: 77956197
- Select the acknowledgement checkbox

Claiming channel identifier	
<b>Do you have a Medicare Online Minor ID for this location?</b> What is a <a href="#">Medical Online Minor ID?</a>	
<input checked="" type="radio"/> <b>Yes</b>	
<input type="radio"/> <b>No</b>	
<b>Medicare Online Minor ID</b>	<input type="text" value="PA085501"/>
Choose type of account details	
<input type="radio"/> <b>Select an existing account</b>	
<input checked="" type="radio"/> <b>Enter a new account</b>	
Existing account details	
<b>Existing accounts</b>	<input type="text"/>
Account details	
<b>Branch number (BSB)</b>	<input type="text" value="062-692"/>
<b>Name of bank, building society or credit union</b>	COMMONWEALTH BANK OF AUSTRALIA
<b>Branch where account is held</b>	Sydney 48 Martin Place
<b>Account Number</b>	<input type="text" value="77956197"/>
<b>Account Name</b>	<input type="text" value="Mirror Pty Ltd"/>
Acknowledgement	
<input checked="" type="checkbox"/> <b>I declare that:</b> <ul style="list-style-type: none"> <li>the organisation's primary role that I am claiming on behalf of, is the provision of health care services.</li> <li>I have read and agree to the <a href="#">terms and conditions</a> of the Online Claiming agreement.</li> </ul>	
<b>I acknowledge that:</b> <ul style="list-style-type: none"> <li>payment(s) related to my provider number(s) for the location(s) where I practice as identified on this form, including any additional practice locations attached to this form, will be paid to the banking details that I have nominated.</li> <li>Services Australia may contact me to confirm these details for security or clarification purposes.</li> </ul>	
<b>I undertake:</b> <ul style="list-style-type: none"> <li>to immediately notify my pay group(s) or third party payee(s) of any current and/or future notice(s) issued by Services Australia to garnish or intercept payments due to me or my provider number(s).</li> </ul>	
<b>I understand that:</b> <ul style="list-style-type: none"> <li>the health professional is responsible for the claims lodged, not the organisation.</li> </ul>	

- Select **Next** to go to declaration
  - Click Submit Location

\* Mandatory fields

Select if any are applicable to you

These options relate to government funded medical services covered under [S19\(2\) and/or 19\(5\) exemptions](#) of the Health Insurance Act 1973.

This is a government funded Aboriginal and Torres Strait Islander Health Service.

This is a government funded Aboriginal Medical Service.

**I declare that:**

- I am aware of my legal obligation to provide true and accurate information.
- I have read [servicesaustralia.gov.au/hpmedicarebenefits](https://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 Medicare benefits, I will be working in a private capacity, or where a 19(2) and/or 19(5) exemptions has been granted.

**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 arrangement.

Back    Reset    Cancel    Submit Location

**Step 3:** Please email the Clinical Team – [clinical@mymirror.com.au](mailto:clinical@mymirror.com.au) a record of your new provider number as well as the screenshot of your Minor ID so that we can set you up correctly in our online claiming system (please send a copy of your provider letter).

