

LOCUM DOCTOR CHECKLIST

Name of Doctor: _____ D.O.B: _____

Current Provider Number: _____

Medical Registration Number: _____

Medical Insurance Details: _____ Member number: _____

CME: _____ Prescriber No: _____ ABN: _____

Address: _____

Suburb: _____ Postcode: _____

(H) Ph: _____ (W) Ph: _____ Mobile: _____

Email: _____

Emergency contact/ Next of Kin:

Ph: _____

Mobile: _____

Medical Conditions: _____

Allergies: _____

Tea/ Coffee Preferences: _____

Special stock/ equipment requirements: (both disposable and metal speculums available)

FORMS TO BE COMPLETED AND SENT:

- Application for additional provider number
- 90 day Cheque Scheme
- Online Claiming Banking Details Form
- EFT payments for Claims
- New Practice Location LMO
- Workcover QLD application
- Workcover QLD EFT payments

TO BE NOTIFIED AND/OR CODES SET UP :

QML
S+N
QDI
X-ray Imaging
Costal Pathology
Medical Objects
Gribbles Pathology

HELPFUL CONTACTS:

Noosa Hospital Switch 54559224
Noosa Hospital A+E 54559381
Nambour Hospital 54706600
Nambour Hospital A+E 54706680
Caloundra Hospital 54368500
HIC Medicare Provider Number 132 150
Workcover Qld 1300 362 128
Sunshine Coast Division of General Practice 5456 8888

CONFIRMATION OF DATES/ TIMES AVAILABLE:

Start Date: _____ End Date: _____

Other _____

Sessions Per Week: _____

Other _____

Available days:

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

Please return to the Practice Manager along with copies of your current Medical Board Registration Certificate and current Medical Insurance.