



Optical Dispensing Registration Form

OFFICE USE ONLY

Date registered /

Provider number

Date of effect of registration /

The applicant must:

- Hold an Australian Business Number (ABN) and be registered for GST.
- Accept DVA's Pricing Schedule for Visual Aids and comply with all the terms set out in the Notes for Allied Health Providers Section 1 - General and Section 2(h) Optometrists, Orthoptists and Optical Dispensers.
https://www.dva.gov.au/sites/default/files/files/providers/alliedhealth/notes_optom_orthops_op-disp_sec2h.pdf
- Stock a minimum range of 20 'no-gap' frames.
- Conduct the provision of services in a manner consistent with DVA's Service Charter on the DVA website:
<https://www.dva.gov.au/about-dva/overview/dva-service-charter>
- Hold sufficient levels of insurance to be issued a Medicare Provider Number, or as otherwise advised by the industry peak body.

If the relevant State/Territory peak body or Medicare Australia does not stipulate any minimum levels of insurance cover, the provider will maintain full levels of insurance cover to properly protect the provider's and DVA's interests and warrants that it has and will maintain:

- public (and products) liability insurance for not less than \$10,000,000 per claim;
- worker's compensation insurance as required by State/Territory law.

I have sufficient levels of insurance.

I do not have sufficient levels of insurance, but am willing to obtain it.

The provider will, if requested by DVA, provide copies of certificates of currency, schedules of cover, or insurance policies, including details of limits on cover.

Regarding the questions below:

Question 2. Full legal name is the same as the Entity Name on the ABN Website.

Question 3. Legal identity is the same as the Entity Type on the ABN Website.

Question 4. Trading or business name is the same as the ASIC Registration on the ABN Website.

Applicant Details

1. Applicant name	<input style="width: 100%;" type="text"/>
2. Full legal name	<input style="width: 100%;" type="text"/>
3. Legal identity	<input style="width: 100%;" type="text"/>
4. Trading or business name	<input style="width: 100%;" type="text"/>
5. Street address (including State and Postcode)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	POSTCODE <input style="width: 100%;" type="text"/>

▶ *Continued next page...*

Contact Details *continued...*

6. **Postal address** (including State and Postcode)

POSTCODE

7. **Australian Business Number (ABN)**

8. **Australian Company Number (ACN)**

9. **Date registered for GST**
(as stated on the ABN website)

10. **Provider Number**

▶ If the business does not have a Provider Number, do they wish DVA to create one?

No Yes

11. **Telephone number (general)**

12. **Mobile number**

13. **E-mail address (general)**

14. **Name of applicant or applicant's authorised representative**

15. **Signature of applicant or applicant's authorised representative**

Date