



Practice Incentives Program and General Practice Immunisation Incentive Change to authorised contact person(s)

Important information

Complete this form to change the details of the authorised contact person(s) for correspondence and phone enquiries relating to your Practice Incentives Program (PIP) and/or General Practice Immunisation Incentive (GPII) practice.

If the authorised contact person(s) have an individual Public Key Infrastructure (PKI) certificate, you should provide the Registration Authority (RA) number in the space provided.

The RA number is located on the tag attached to the PKI Universal Serial Bus Key, or on the card sent with the USB card reader.

The RA number will be used to allow access to the PIP and GPII Online.

Assistance

If you need assistance completing this form call **1800 222 032** (call charges may apply) between 8.30am and 5.00pm ACST, Monday to Friday. For more information email pip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au/pip

Lodgement

Send the completed form to:
Practice Incentives Program
GPO Box 2572
Adelaide SA 5001

or fax to: **1300 587 696**

Print in **BLOCK LETTERS**

Tick where applicable

Practice details

1 Practice ID

2 Practice name

3 Address

4 Postal address (if different from above)

5 Phone number

Fax number

Email

6 I want to add an additional authorised contact person(s) to the practice profile.

No **Go to 7**

Yes Provide details below

1 Authorised contact person's full name

Authorised contact person's signature

RA number (if applicable)

Start date

2 Authorised contact person's full name

Authorised contact person's signature

RA number (if applicable)

Start date

3 Authorised contact person's full name

Authorised contact person's signature

RA number (if applicable)

Start date

Continued over the page **▶▶**

7 I want to remove a current authorised contact person(s) from the practice profile.

No **Go to 8**

Yes Provide details below

1 Authorised contact person's full name

End date

2 Authorised contact person's full name

End date

3 Authorised contact person's full name

End date

Declaration

All practice owners must sign the declaration to authorise the changes. If the practice is owned by a body corporate, the signatures of two authorised representatives are required.

8 I agree to:

- advise Medicare Australia in writing or any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest.

I understand that:

- if this is not done incentive payments may be reduced or recovered and the practice's eligibility for the PIP and/or the GPIL may be affected
- Medicare Australia may conduct compliance audits and the practice may be required to provide information as evidence of compliance with the PIP and/or the GPIL eligibility requirements and that failure to do so may result in past PIP and/or GPIL payments being recovered and/or future payments being suspended or ceased.

I declare that:

- the information on this form is correct.

1 Individual/Partner/Associate/Authorised Representative

Full name

Signature

Date

2 Individual/Partner/Associate/Authorised Representative

Full name

Signature

Date

3 Individual/Partner/Associate/Authorised Representative

Full name

Signature

Date

4 Individual/Partner/Associate/Authorised Representative

Full name

Signature


Date

5 Individual/Partner/Associate/Authorised Representative

Full name

Signature

Date

 If you have more than five practice owners, attach a separate sheet with details.

Privacy note

The information on this form will be used to change the details of the authorised contact person(s) for correspondence and telephone enquiries relating to the PIP and/or GPIL and is required by Medicare Australia to perform functions under service arrangements made under the *Medicare Australia Act 1973*. Information, including personal information provided on this form may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.