



# Practice Incentives Program Teaching Incentive claim

## Important information

Complete this claim form to notify Medicare Australia of the number of teaching sessions hosted by a Practice Incentives Program (PIP) practice.

The university is to complete questions 1 to 7 and either affix a university stamp or have a university member notate with their name and signature to endorse the form. Practices are to complete question 8 and the declaration, and are responsible for ensuring that completed forms are forwarded to Medicare Australia in a timely manner.

## Assistance

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

## Teaching session details

The university is to complete questions 1 through 7 and either affix a university stamp in the box provided or have a university member notate with their name and signature at question 5.

1 Practice name

2 Practice address

  


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 Postcode

3 Practice phone number

 ( )

6

Student's full name	Student's ID	Date of session (A session = minimum of 3 hours)	Session <sup>†</sup>	
			1	2
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>

<sup>†</sup> For only one session per calendar day please tick Session 1 or for two sessions per calendar day tick Sessions 1 and 2.

7 Indicate if you are attaching a separate sheet(s) with further details: No

Yes  Number of sheet(s)

## Certification by university

4 University name

5 University stamp

or

University member's full name

University member's signature

Date

 / /

## Practice declaration

Practice to complete.

8 Practice ID

9 I declare that:

- these teaching sessions were provided by our practice
- the information on this form is correct
- the above teaching sessions comply with the requirements of the PIP Teaching Incentive.

Authorised contact person's full name

Authorised contact person's signature

Date

 / /

**Privacy note:** The information on this form will be used to assess the practice's eligibility to receive payments under the PIP Teaching Incentive 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.

