



Practice Incentives Program and General Practice Immunisation Incentive Individual General Practitioner details

Important information

Complete this form to notify Medicare Australia of additional general practitioners (GPs) who join the practice after the practice has registered for the Practice Incentives Program (PIP) and/or the General Practice Immunisation Incentive (GPPI). A separate form for each additional GP is required.

For the purposes of the PIP, GPs include general practitioners and non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services and are not GPs. GPs include Fellows of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), vocationally registered GPs and medical practitioners undertaking approved training.

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 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

Postcode

4 Postal Address (if different to above)

Postcode

5 Phone number

Fax number

Email

GP details

6 Full name of GP

7 Do you consent to the use of your Medicare and Department of Veterans' Affairs service data when calculating the practice's PIP and/or GPPI payment(s)?

No If you do not consent, Medicare Australia will exclude your data when calculating the practice's payment(s). This will affect the level of payment to the practice.

Yes

8 Do you have current professional indemnity cover?

No Your practice is not eligible for the PIP and/or the GPPI.

Yes

It is an entry requirement of the PIP and the GPPI that all practice GPs have current professional indemnity cover.

9 Provider number for the main practice location

Start date at the practice

End date at the practice (if applicable)

10 If you have an individual Public Key Infrastructure (PKI) certificate you may provide the Registration Authority (RA) number below:

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 GPPI Online.

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11 Provider number and address for each additional practice branch (if applicable).

1 Provider number

 Address

 Postcode

 Start date at the practice

 End date at the practice (if applicable)


2 Provider number

 Address

 Postcode

 Start date at the practice

 End date at the practice (if applicable)

 If you have more than two additional practice branch provider numbers, attach a separate sheet with details.

12 Are you a Procedural GP?

Refer to the PIP Procedural GP Payment Guidelines for the definition of a Procedural GP. The PIP Procedural GP Payment can only be made to one practice per six month reference period per Procedural GP. If you choose this practice to receive the Procedural GP Payment, indicate the provider number to be used below that is associated with this practice.

No **Go to 14**

Yes

Provider number

To be eligible for the PIP Procedural GP Payment, the practice must be located in Rural, Remote and Metropolitan Areas (RRMA) 3-7 and meet the requirements as set out in the PIP Procedural GP Payment Guidelines, available from www.medicareaustralia.gov.au/pip

13 Tick one box that best applies to you:

Tier 1 I provide at least one procedural service in the six month reference period. Refer to the PIP Procedural GP Payment Guidelines for the definition of a procedural service.

Tier 2 I meet the Tier 1 requirements and provide procedural services after hours (as defined in the PIP Procedural GP Payment Guidelines) on a regular or rostered basis throughout the six month reference period.

Tier 3 I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the six month reference period.

Tier 4 I meet the Tier 2 requirements and deliver 10 or more babies in the six month reference period.

Contact Medicare Australia if you are a single GP practice and may not meet the requirements of Tier 4, but expect to meet the obstetric needs of your community.

GPs are individually assessed. Practices with more than one Procedural GP cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the 'point in time' date for the six monthly payments, refer to the PIP Procedural GP Payment Guidelines.

Medicare Australia must be advised in writing by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest, if the required number of procedural services have not been provided in the six month reference period.

Declaration

14 I declare that:

- the information provided at questions 6 to 13 on this form is correct
- I have not claimed these procedural services at another practice (if applicable).

General practitioner's full name

General practitioner's signature

Date

Practice declaration

15 I agree to:

- advise Medicare Australia in writing of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest
- advise Medicare Australia in writing by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest, if the required number of procedural services in a six month reference period have not been provided (if applicable).

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.

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I declare that:

- the information on this form is correct.

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 and/or the GPII 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.