



# Practice Incentives Program and General Practice Immunisation Incentive Additional practice branch

## Important information

Complete this form to link an additional practice branch to a main Practice Incentives Program (PIP) and/or General Practice Immunisation Incentive (GPPI) practice location.

To be considered as one practice, one or more general practitioners (GPs) must provide Medicare Benefit Schedule (MBS) services at both the main practice location and the additional practice branch. All GPs who practise at the practice branch are also required to have current professional indemnity cover. Practice branches providing 3000 or more services per annum need to be accredited, or registered for accreditation in their own right, and maintain full accreditation thereafter.

Accreditation is not a requirement for GPPI only practices or GPPI only practice branches.

**A separate form must be completed for each additional practice branch.**

## Assistance

If you require assistance completing this form call **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time (ACST). 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

## Entry requirements

The following questions indicate if the additional practice branch is eligible for the PIP and/or the GPPI.

- Do all GPs at the practice branch have current professional indemnity cover?  
No  *The practice branch is not eligible to participate in the PIP and/or the GPPI.*  
Yes
- Is the additional practice branch accredited in its own right?  
No   
Yes
- Is the additional practice branch registered for accreditation in its own right?  
No   
Yes



Attach documentary evidence of accreditation status (accreditation or registration certificate) for each practice branch participating in the PIP and providing 3000 or more services per annum.

- Do one or more GPs provide MBS services at both the main practice location and the additional practice branch?  
No  *The practice branch is not eligible to be linked to the main practice location for the purpose of the PIP and/or the GPPI.*  
Yes

## Practice details

The following questions are to be completed with the main PIP and/or GPPI practice details.

**5 Practice ID**

**6 Practice name**

**7 Address**

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Postcode

**8 Postal address (if different to above)**

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Postcode

**9** Phone number

Fax number

Email

**Additional practice branch details**

The following questions are to be completed with the additional practice branch details.

**10** Practice name

**11** Address

**General practitioner details**

**12** Provide details for all practice GPs who are currently working at the additional practice branch listed at questions 10 and 11. All GPs listed must complete and attach the Individual GP details form for Medicare Australia to assess your application. This form is available at [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

Provider number

Family name

First given name

Date started at practice

Provider number

Family name

First given name

Date started at practice

Provider number

Family name

First given name


Date started at practice

Provider number

Family name

First given name

Date started at practice

 Attach a separate sheet with details if there is insufficient space.

**Declaration**

**13** 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.

**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 entry requirements. 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.

Authorised contact person's full name

Authorised contact person's signature

Date

**Privacy note**

The information on this form will be used to notify Medicare Australia of an additional practice branch that is required by Medicare Australia to perform functions under service arrangements. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.