



Mental Health Nurse Incentive Program 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 Mental Health Nurse Incentive Program (MHNIP) eligible organisation. A maximum of two authorised contact persons is required for MHNIP.

Assistance

For more information about the MHNIP email mhnip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au >For health professionals >Incentives and Allowances >Mental Health Nurse Incentive Program. If you need assistance completing this form call the MHNIP on **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement

Send the completed form to:
Mental Health Nurse Incentive Program
GPO Box 2572
ADELAIDE SA 5001

or fax to: **1300 581 573**

Print in **BLOCK LETTERS**

Tick where applicable

Organisation details

1 Eligible organisation identification number

2 Eligible organisation name

3 Address

4 Postal address (if different to above)

5 Daytime phone number

Fax number

Email

6 Do you want to add an additional authorised contact person(s) to the eligible organisations profile?

No **Go to 7**

Yes **Give details below**

Authorised contact person one

Dr Mr Mrs Miss Ms Other

Family name

First given name

Daytime phone number

Mobile phone number

Fax number

Email

Signature

Date

Authorised contact person two

Dr Mr Mrs Miss Ms Other

Family name

First given name

Daytime phone number

Mobile phone number

Fax number

Email

Signature Date

7 Do you want to remove a current authorised contact person(s) from the eligible organisations profile?

- No **Go to 8**
 Yes **Give details below**

Authorised contact person one

Full name

End date

Authorised contact person two

Full name

End date

Declaration

If the organisation is owned by an individual proprietor, the declaration must be signed by the proprietor. If the organisation is a partnership or associateship the declaration must be signed by two partners or associates. If the organisation is owned by a body corporate, two representatives of the corporation must sign the declaration (e.g. company director and company secretary).

8 I/we understand that:

- I/we must advise Medicare Australia in writing of any changes to organisation arrangements within 14 calendar days
- If I/we do not notify Medicare Australia of changes to organisation arrangements, payments for the MHNIP may be reduced or recovered and the organisation's eligibility for the MHNIP may be affected

- Medicare Australia may conduct compliance audits and the organisation may be required to provide information as evidence of compliance with the MHNIP eligibility requirements and that failure to do so may result in MHNIP payments being recovered and/or future payments being suspended or ceased.

I/we declare that:

- the information on this form is correct.

Individual/partner/associate/body corporate representative one

Full name

Position held

Signature

Date

Individual/partner/associate/body corporate representative two

Full name

Position held

Signature

Date

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 MHNIP 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.