

Practice Nurse Incentive Program Individual General Practitioner Details and Declaration

Important information

Complete this form to notify the Department of Human Services of additional General Practitioners (GP's) who join the practice after the practice has registered for the Practice Nurse Incentive Program (PNIP). A separate form for each additional GP is required.

PNIP applicants must make sure that each GP identified completes all GP details questions below and signs the Individual General Practitioner Declaration.



A separate declaration must be completed by each GP. If additional declarations are required, photocopies of this page will be accepted.

Assistance

For more information about the PNIP go to medicareaustralia.gov.au/pnip or email pnip@humanservices.gov.au. If you need assistance completing this form call the PNIP on **1800 222 032** (call charges apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement

Send the completed form to:

Practice Nurse Incentive Program
GPO Box 2572
ADELAIDE SA 5001

or fax to: **1800 587 696**

Print in **BLOCK LETTERS**

Tick where applicable

1 Full name of GP

2 Do you consent to the use of your Department of Human Services and Department of Veterans' Affairs service data when calculating the practice's PNIP payment's?

No *If you do not consent, the Department of Human Services will exclude your data when calculating the practice(s) payments. This will affect the level of payment to the practice*

Yes

3 Are you a current provider at the practice?

No *This will affect the level of payment to the practice*

Yes

4 Do you have current professional indemnity cover?

No *Your practice is not eligible for the PNIP*

Yes

It is an entry requirement of the PNIP that all practice GP's have current professional indemnity cover.

5 Provider number for the main practice

Start date at practice

6 If you have an individual Public Key Infrastructure (PKI) certificate you should provide the Registration Authority (RA) number below

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

The RA number will be used to allow access to the PNIP Online.

Additional practice branch details (if applicable)


- 7 Provider number and address for each additional practice branch (if applicable) should be given

Additional practice branch one details

Provider number
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Start date at the practice
<input type="text"/>
<input type="text"/>

Additional practice branch two details

Provider number
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Start date at the practice
<input type="text"/>
<input type="text"/>

 If you have more than two additional practice branches attach a separate sheet with details.

Individual General Practitioner Declaration

I consent to:

- the Department of Human Services accessing information, including personal information, held by itself or the Department of Veterans' Affairs about medical services provided by me for the purposes of calculating the Practice Nurse Incentive Program (PNIP).

I understand that:

- the Department of Human Services can make relevant enquiries and may access information for the purpose of calculating PNIP payments
- the Department of Human Services may provide reports regarding information on this application and services provided by me to the authorised contact person(s)
- I must advise the Department of Human Services in writing of any changes to my 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 practices eligibility for the PNIP may be affected, and
- if I do not notify the Department of Human Services of changes to my arrangements, incentive payments for the PNIP may be reduced or recovered, and the practice's eligibility for the PNIP may be affected.

I declare that:

- I have reviewed the PNIP Guidelines, and
- the information on this form is correct.

General practitioner

Full name
<input type="text"/>
GP's signature
<input type="text"/>
Date
<input type="text"/>

Witness

Full name
<input type="text"/>
Witness's signature
<input type="text"/>
Date
<input type="text"/>

Privacy note

The information provided on this form will be used to register additional General Practitioners with your practice under the Practice Nurse Incentive Program. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to the Department of Health and Ageing or as authorised or required by law.