



Practice Incentives Program and General Practice Immunisation Incentive

Change of practice details

Important information

Complete this form to notify Medicare Australia of a change of ownership, a relocation, an amalgamation, a change of bank details, a withdrawal or a change of authorised contact person(s) for a Practice Incentives Program (PIP) and/or General Practice Immunisation Incentive (GPII) practice.

For a practice to change their bank account details only, they need to complete the Current Practice Details section, tick the appropriate Notification Type (Bank details) and complete question 34. The authorised contact person or the practice owner is required to sign the form in the Declaration section.

Questions 1 to 6 only need to be completed for practices that are relocating, amalgamating or changing ownership.

Assistance

If you need assistance completing this form call **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm Australian Central Standard Time (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: **08 8274 9352**

Print in **BLOCK LETTERS**

Tick where applicable

Entry requirements

The following questions indicate if the practice is eligible for the PIP and/or the GPII.

1 Does your practice have current public liability insurance?

No Your practice is not eligible to participate in the PIP and/or the GPII.

Yes

2 Do all practice GPs have current professional indemnity cover?

No Your practice is not eligible to participate in the PIP and/or the GPII.

Yes

It is an entry requirement of the PIP that the practice is accredited or registered for accreditation. If you answer **No** to both questions 3 and 4, your practice is not eligible for the PIP.

3 Is your practice currently accredited?

No

Yes Provide evidence
e.g. a copy of your current accreditation certificate.

4 Is your practice registered for accreditation?

No

Yes Provide evidence
e.g. a copy of your current registration certificate.

5 Does your practice comply with the vaccine management procedures as described in the current edition of *The Australian Immunisation Handbook*?

No Your practice is not eligible to participate in the PIP and/or the GPII.

Yes Accredited practices may automatically meet these requirements. Practices may also answer **Yes** if they have read and understood the information in the current edition of *The Australian Immunisation Handbook* (Chapter 1.3.2 of the 9th edition) relating to the transportation, storage and handling of vaccines and have applied those procedures in their practice.

6 Does the change to the practice arrangements affect the eligibility for any of the following?

No

Yes Indicate the incentive(s) affected below:

PIP After Hours Incentive

PIP eHealth Incentive

PIP Cervical Screening Incentive

PIP Asthma Incentive

PIP Diabetes Incentive

PIP Practice Nurse Incentive

PIP Domestic Violence Incentive

PIP Indigenous Health Incentive

PIP Procedural GP Payment

GPII



Attach documentation or completed application forms to support any new arrangements. Contact PIP on **1800 222 032** if you require assistance.

Current practice details

The following information fields are to be completed with the current practice details.

7 Practice ID

8 Practice name

9 Address

Postcode

10 Postal address (if different from above)

Postcode

11 Phone number

Fax number

() _____

Email

@


Notification type

Tick the relevant box(es) that apply to your practice.

- 12** Relocation **Go to 13**
- Amalgamation **Go to 20**
- Change of Ownership **Go to 26**
- Bank details **Go to 34**
- Authorised contact person details **Go to 35**
- Withdrawal **Go to 37**

Relocation details

Complete this section if the practice is moving to a new location.
The following questions are to be completed with the new practice information.

 An Individual GP Details form is to be completed by all GPs at the relocated practice.

13 Date of relocation

/ /

14 Practice name

15 Address

Postcode

16 Postal address (if different from above)

Postcode

17 Phone number

() _____

Fax number

() _____

Email

@

18 Have the owners of the practice retained ownership of the relocated practice?

No You will need to complete the change of ownership details section. **Go to 26**

Yes

Complete the GP details questions **32** and **33**.

19 Is the old location still operating as a medical practice?


No

Yes Contact PIP on **1800 222 032**.

Amalgamation details

Complete this section if the existing PIP practice is amalgamating with another practice or other practices.

The following questions are to be completed with the new practice information.

 An Individual GP Details form is to be completed by each new GP at the practice.

20 Date of amalgamation

/ /

21 Practice ID numbers involved in the amalgamation

22 Practice name

23 Address

Postcode

24 Postal address (if different from above)

Postcode

25 Phone number


() _____

Fax number

() _____

Email


@

 Attach documentary evidence to confirm the practice amalgamation. Contact PIP on **1800 222 032** if you require assistance.

Complete the GP details questions **32** and **33**.

Change of ownership details

Complete this section if the practice has undergone a change of ownership. All new owners will need to sign the declaration on page four.

 Attach documentary evidence to confirm the change of ownership e.g. a bill of sale or legal document.

26 Date ownership changed

27 Indicate the type of practice ownership arrangement that applies:

Individual proprietor

Application to be completed by the Proprietor.

Partnership

Application to be completed by the partners of the practice. Obtain all partners' signatures.

Associateship

Application to be completed by all associates who are owners of the practice. Do not include the signatures of practice associates who are not owners of the practice.

Body corporate

Application to be completed by at least two authorised representatives of the corporation (e.g. company director and company secretary).

State or Territory Government or other Public Body

Application to be completed by an authorised representative of the practice.

28 Company name

29 Trading as

30 List all new practice owners in the space provided.

If the person has an individual Public Key Infrastructure (PKI) certificate, you should provide the Registration Authority (RA) number in the space provided.

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 GP11 Online.

1 Individual/Partner/Associate/Authorised Representative

Full name

Position held

RA number (if applicable)

2 Individual/Partner/Associate/Authorised Representative

Full name

Position held

RA number (if applicable)

3 Individual/Partner/Associate/Authorised Representative

Full name

Position held

RA number (if applicable)

4 Individual/Partner/Associate/Authorised Representative

Full name

Position held

RA number (if applicable)

5 Individual/Partner/Associate/Authorised Representative

Full name

Position held


RA number (if applicable)

6 Individual/Partner/Associate/Authorised Representative

Full name

Position held

RA number (if applicable)

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

31 Was the accreditation included in the sale of the practice?

No Contact PIP on **1800 222 032**.

Yes

General practitioner details

32 If there have been changes to your practice arrangements, attach a completed Individual GP Details form for each GP at the practice/location.

33 List all GPs who have ceased working at the practice as a result of the change to the practice arrangements.

GP details one

Provider number

Full name

Date ceased working at the practice

GP details two

Provider number

Full name


Date ceased working at the practice

GP details three

Provider number

Full name

Date ceased working at the practice

 If you have more than three GPs attach a separate sheet with details.**Bank account details**

Payments cannot be paid into credit card, loan or mortgage accounts.

34 Have the bank account details for the practice changed?No **Go to 35**Yes Provide details below.

Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number

Account held in the name(s) of

Practice withdrawal

For practice closures, complete the PIP and GPPII practice and practice branch closure form.

35 I am currently participating in the PIP but would like to withdraw my practice from the PIP?No Yes **36** I am currently participating in the GPPII but would like to withdraw my practice from the GPPII?No Yes **Authorised contact person details**


Complete this question if the authorised contact person for the practice has changed.

37 Do you wish to add or remove an authorised contact person to the new practice information?No **Go to 38**Yes Provide details below

Authorised contact person's full name

Authorised contact person's signature

RA number (if applicable)

Add Remove  If you have more than one authorised contact person to change attach a separate sheet with details.**Declaration**

If the practice elects to change its bank account details only, the authorised contact person or a practice owner is required to sign below.

If a change of ownership has occurred, all new owners are required to sign in the space provided below.

38 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 GPPII 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 GPPII entry requirements and that failure to do so may result in past PIP and/or GPPII payments being recovered and/or future payments being suspended or ceased.

I declare that:

- the information on this form is correct.

1 Individual/Partner/Associate/Authorised Representative

Full name

Signature

Date

2 Individual/Partner/Associate/Authorised Representative
Full name

Signature

Date

3 Individual/Partner/Associate/Authorised Representative
Full name

Signature

Date

4 Individual/Partner/Associate/Authorised Representative
Full name

Signature

Date

5 Authorised contact person
Full name

Signature

Date

Privacy note

The information on this form will be used to notify Medicare Australia of a PIP and/or GPII practice change of ownership, a relocation, an amalgamation, a change of bank details, a withdrawal or a change of authorised contact person(s) and is required by Medicare Australia to perform functions under service arrangements made under the *Medicare Australia Act 1973*. Your bank account details will be disclosed to the relevant financial institution to facilitate the payment of your incentive payments and will not be disclosed to any other third party unless authorised or required by law. 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.