



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

## Important Information

Complete this form to notify Medicare Australia that you have closed your Practice Incentives Program (PIP) and/or General Practice Immunisation Incentive (GPII) practice or practice branch. Practices should provide a forwarding address and a contact number in the space provided so that Medicare Australia can make contact if required.

## 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

## Location details

**1** Practice ID

**2** Indicate which location is closed

Practice  **Go to 3**

Practice branch  **Go to 8**

## Practice details

**3** Practice name

**4** Address

  
-----  
Postcode

**5** Forwarding address

  
-----  
Postcode

**6** Forwarding phone number

Fax number

Email

  
-----  
@

**7** Date ceased operating as a general practice

 / / 

## Practice branch details

**8** Practice branch name

**9** Practice branch address

  
-----  
Postcode

**10** Forwarding address

  
-----  
Postcode

**11** Forwarding phone number

Fax number

Email

  
-----  
@

**12** Date ceased operating as a practice branch

 / /

## 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 GPII 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 GPII eligibility requirements and that failure to do so may result in past PIP and/or GPII payments being recovered and/or future payments being suspended or ceased.

**I declare that:**

- the information on this form is correct.

**Continued over the page** ▶▶

**1 Individual/Partner/Associate/Authorised Representative**

Full name

Signature

Date

**2 Individual/Partner/Associate/Authorised Representative**

Full name

Signature

Date



If you have more than two owners attach a separate sheet with details.

**Privacy note**

The information on this form will be used to notify Medicare Australia of a PIP and/or GP/II practice or practice branch closure 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.