



# Practice Incentives Program and General Practice Immunisation Incentive application

## Important information

Complete this form to apply for the Practice Incentives Program (PIP) and/or the General Practice Immunisation Incentive (GPII). If you would like to apply for individual PIP incentives and your practice is already registered for the PIP, complete the relevant individual PIP incentive application form, available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

For the purposes of the PIP, general practitioners (GPs) include general practitioners and non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services and are not GPs. General practitioners include Fellows of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), vocationally registered general practitioners and medical practitioners undertaking approved training.

## Assistance

If you need assistance completing this form call the PIP on **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm Australian Central Standard Time (ACST), Monday to Friday or the GPII on **1800 246 101** (call charges may apply) between 8.30 am and 5.00 pm Australian Eastern Standard Time (AEST), Monday to Friday. 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

## Additional PIP incentives

There are a number of PIP incentives that practices and GPs do not need to apply for. More information about these incentives is below.

### GP Aged Care Access Incentive

Only GPs from practices registered for the PIP can participate in this incentive. However, GPs do not need to apply to participate in this incentive. Medicare Australia will seek nominated bank account details from GPs who are eligible for payments through this incentive. Refer to the PIP GP Aged Care Access Incentive Guidelines for more information.

### Rural Loading

Practices registered for the PIP do not need to apply to receive a rural loading payment. If your main practice is located in Rural, Remote and Metropolitan Areas (RRMA) 3-7, Medicare Australia will automatically calculate the loading and add it to your practice payment. Refer to the PIP Rural Loading Guidelines for more information.

## Teaching Incentive

Practices registered for the PIP do not need to apply to participate in this incentive. Once a teaching session has been completed, claim forms must be generated by the university or the practice. Each form must be endorsed by the relevant university, with either a university stamp or the signature of a university staff member and verified by the practice. Practices are responsible for ensuring that completed claim forms are forwarded to Medicare Australia in a timely manner. Refer to the PIP Teaching Incentive Guidelines for more information.

## Quality Prescribing Incentive (QPI)

Practices registered for the PIP do not need to apply to participate in this incentive. However, in the **Declaration** on the **Practice Ownership Details page** of this form, practice owner(s) are required to agree that Medicare Australia can use the information provided by the National Prescribing Service (NPS) to calculate PIP QPI payments.

Practices should consult their PIP quarterly payment advices and complete the required activities by 30 April to receive a QPI payment, made annually in May. Practices also need to advise the NPS by 30 April each year of all educational activities undertaken by practice GPs in the period 1 May to 30 April.

To make sure that payments are accurately calculated, it is important that practice GPs provide the NPS with correct details, including provider and prescriber numbers, when undertaking a recognised activity. Refer to the PIP Quality Prescribing Incentive Guidelines for more information.

## Program Guidelines

Practices must make sure they review the relevant guidelines for each incentive they are applying for, to make sure they meet all of the ongoing eligibility requirements. To obtain a copy of the relevant guidelines for the PIP and/or the GPII call the PIP on **1800 222 032** or go to [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip) or the GPII on **1800 246 101** or go to [www.medicareaustralia.gov.au/gpii](http://www.medicareaustralia.gov.au/gpii)

## Accreditation details

To participate in the PIP, practices must be accredited, or registered for accreditation, against the RACGP *Standards for general practices*. Accreditation is assessed by the following organisations:

### Australian General Practice Accreditation Ltd (AGPAL)

Enquiries number: **1300 362 111**

### GPA Accreditation plus

Enquiries number: **1800 188 088**

**Accreditation is not a requirement to participate in the GPII.**

## Change of details

Changes to practice arrangements can impact on your practice's eligibility to participate in the PIP and/or the GPII, and/or the calculation of incentive payments. Medicare Australia must be advised in writing of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest. Relevant changes include, but are not limited to:

- a GP leaving or starting at the practice
- a change in the practice's authorised contact person
- a change in banking details
- a change in the practice's accreditation status
- a change in eligibility for any of the individual incentives
- a change in practice location, ownership or structure
- a change in the practice's public liability insurance or an individual GP's professional indemnity cover.

All correspondence will be sent to the authorised contact person at the postal address provided on the **Practice and Banking Details page** of this form. The authorised contact person is responsible for notifying 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. All changes must be signed by the authorised contact person or the practice owner(s). For more information on the 'point in time' dates, refer to the Practice Incentives Program Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

For more information, call the PIP on **1800 222 032** or go to [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

## Privacy note

The information on this form will be used to assess the practice's eligibility to receive payments under the PIP and/or the GPII 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
- to the National Asthma Council Australia, Divisions of General Practice, Australian General Practice Network, State Based Organisations and/or State or Territory cervical screening registers, if requested in this form.

## False or misleading information

Penalties exist under law for giving false and/or misleading information. Medicare Australia may take steps to recover any resulting overpayments if:

- inaccurate information is provided in the application
- the applicant fails to notify Medicare Australia within the required time of any relevant changes in practice arrangements.

Refer to the 'Change of details' section for examples of relevant changes in circumstances and the time in which practices are required to notify Medicare Australia of changes.

Medicare Australia may suspend payments and/or recover any overpayments that result from the provision of incomplete or inaccurate information, or delays in advising Medicare Australia of changes to practice details.



# Practice Incentives Program and General Practice Immunisation Incentive Practice and Banking Details

## Practice details

### 1 Practice name

### 2 Authorised contact person(s)

The contact person(s) must be authorised by the owner(s) of the practice to advise Medicare Australia of changes and will be the person(s) to whom all correspondence is addressed.

The authorised contact person(s) are responsible for notifying Medicare Australia in writing of any changes in practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest.

If the authorised contact person(s) have an individual Public Key Infrastructure (PKI) certificate, the Registration Authority (RA) number should be provided in the space provided below.

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 GPPI Online.

#### Primary contact person

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

RA number (if applicable)

#### Secondary contact person

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

RA number (if applicable)



Attach details on a separate sheet if there is insufficient space. A practice may nominate up to four authorised contact persons.

### 3 Practice contact details

Phone number

Fax number

Email address

### 4 Address of main practice location

The main practice location should be the practice that provides the highest number of services per annum.


Postcode

### 5 Postal address (if different from above) for payment advices and all correspondence


Postcode

A Division of General Practice will be allocated automatically based on the practice postcode.

If practices provide services from more than one location, the practice may be eligible to join the PIP as one practice. Additional locations are known as 'practice branches'. Refer to the Practice Incentives Program Guidelines for more information on practice branches. Provide details of any additional practice branches on the **Eligibility Check and Additional Practice Branches** pages of this form.

## Bank account details

All payments are made through Electronic Funds Transfer only.

### 6 Name of bank, building society, or credit union

Branch where account is held

Branch number (BSB)

 - 

Account number (this may not be the card number)

Account held in the name(s)



If practices wish to use separate bank accounts for the PIP and the GPPI payments, attach details of the other bank account on a separate sheet.



# Practice Incentives Program and General Practice Immunisation Incentive Eligibility Check and Additional Practice Branches

## Practice Profile

It is an entry requirement of the PIP and the GPII that the practice has current liability insurance and that all practice GPs have current professional indemnity cover.

**1** Does your practice have current public liability insurance?

No  Your practice is not eligible to participate in the PIP 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 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 to participate in the PIP.

**Accreditation is not an entry requirement for the GPII.**

**3** Is your practice currently accredited?

No

Yes  Provide evidence, e.g. a copy of your current accreditation certificate **Go to 6**

**4** Is your practice registered for accreditation?

No

Yes  Provide evidence, e.g. a copy of your current registration certificate **Go to 6**

**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 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 your practice have more than one location?

No  PIP applicants **Go to Individual Incentives pages**, GPII applicants **Go to Practice Ownership Details page of this form** (you are not required to complete the **Individual Incentives pages**)

Yes

**7** If your practice has more than one location, do one or more GPs from the main practice location also practise at the additional practice branch(es)?

No  PIP applicants **Go to Individual Incentives pages**, GPII applicants **Go to Practice Ownership Details page** (you are not required to complete the Individual Incentives pages)

Yes

If you have answered **No** to question 7, your practice branch(es) will not meet the requirements for being considered as one practice. Medicare Australia will process this application for the main practice location. You will need to submit additional application(s) for the other branch(es).

## Address of additional practice branch(es)

Practice branches providing 3000 or more services per annum need to be accredited, or registered for accreditation, in their own right for the services of that branch to be included in the calculation of the practice's PIP payments. For more information, refer to the Practice Incentives Program Guidelines.

Documentary evidence of accreditation status (accreditation or registration certificate) must be supplied for each practice branch providing 3000 or more services per annum wishing to participate in the PIP.

**8** How many additional practice branch(es) does your practice have?

Complete the details below for each additional practice branch.

### Additional Practice Branch one

Postcode

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





# Practice Incentives Program Individual Incentives

## Only PIP applicants need to complete the Individual Incentives pages

Only complete the sections relating to incentives for which your practice is applying.

### After Hours Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the PIP After Hours Incentive Guidelines, available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

For the purposes of the PIP, after hours refers to:

- anytime outside 8.00 am to 6.00 pm weekdays
- anytime outside 8.00 am to 12.00 noon on Saturday
- all day Sunday and public holidays

Practices that answer **No** to any part of question 1 are generally not eligible for the After Hours Incentive. For assistance contact PIP.

If you answer **N/A** to any part of question 1 the practice may be eligible for this incentive, however additional information is required to support your claim.

**1** Does your practice ensure that all practice patients have access to 24 hour care from a GP, seven days a week, where safe and reasonable, including visits to patients:

#### At home

No

Yes

N/A  Provide details

#### In a residential aged care facility

No

Yes

N/A  Provide details

#### In a hospital

No

Yes

N/A  Provide details

Provide details here:




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

**2** Indicate all the types of after hours care arrangements your practice uses to meet its obligations for qualifying for the PIP After Hours Incentive.

Formal arrangement with an accredited Medical Deputising Service

Formal agreement with nearby practice(s) to provide cooperative after hours care

Formal collaborative agreement with a local hospital

Formal collaborative agreement with another after hours care facility

Practice GPs provide all after hours care



Attach documentary evidence to confirm your practice's eligibility, such as a copy of your practice's written after hours policy, signed contract, patient information sheet, and/or the current after hours roster for practice GPs. All arrangements should include the provision of the types of visits listed in question 1.

**3** Tick **one** box that best applies to your practice.

#### Tier 1

Practice patients have access to 24 hour care, seven days a week, through the arrangements outlined in question 2. Select this option if practice GPs provide, on average, less than 10 hours of after hours cover per week and/or the majority of after hours care is provided through external arrangements.

#### Tier 2

Practice GPs provide practice patients with the minimum weekly level, on average, of after hours cover relevant to the practice size. At all other times, practice patients have access to after hours care through the arrangements outlined in question 2.

Practice size is calculated using a measure of patient load known as the Standardised Whole Patient Equivalent (SWPE). Practices should refer to the PIP quarterly payment advice regarding the SWPE value of their practice.

For practices with 2,000 SWPE or less, the minimum level of after hours cover is 10 hours per week, on average. For practices with more than 2,000 SWPE, the minimum level of after hours cover is 15 hours per week, on average.

#### Tier 3

Practice GPs provide practice patients with 24 hour care, seven days a week.

## eHealth Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the PIP eHealth Incentive Guidelines, available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

- 4** Does your practice have a secure messaging capability provided by an eligible supplier, as listed on the National E-Health Transition Authority (NEHTA) website [www.nehta.gov.au/pip-vendors](http://www.nehta.gov.au/pip-vendors)
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes
- 5** Does the main practice location have (or has applied for) a location/site Public Key Infrastructure (PKI) certificate?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes
- 6** Does each practice branch have (or has applied for) a location/site PKI certificate?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes
- N/A
- 7** Does each practice GP have (or has applied for) an individual PKI certificate (excluding locums)?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes
- 8** Do all practice GPs have access to at least **one** of the current editions of the key electronic clinical resources from **each** of the categories in **Table 1** (total of at least three resources)?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes  List the resources used by your practice in Table 1.

**Table 1**

Category	List the resources available
<b>1.</b> Concise, evidence-based guide to recommendations about patient management that covers all common disorders seen in general practice (latest edition)	
<b>2.</b> Formulary of medicines available in Australia that provides comparative drug information reflective of contemporary Australian general practice and is independent of pharmaceutical company involvement (latest edition)	

Category	List the resources available
<b>3.</b> Evidence-based guide to preventive activities in general practice which is relevant to the Australian population (latest edition)	

- 9** Do all practice GPs have access to at least **three** of the current editions of the key electronic clinical resources from **any** of the categories in **Table 2** (total of at least three resources)?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes  List the resources used by your practice in Table 2.

**Table 2**

Category	List the resources available
<b>1.</b> Journal of evidence-based clinical care	
<b>2.</b> Clinical resources (latest editions)	
<b>3.</b> Regulatory resources (latest editions)	

- 10** Are each of these resources available on the computer desktop in the consulting room(s), either on the hard drive, as a CD-ROM, or as a direct link to a website?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes
- 11** Are all practice GPs able to explain how they access and use the key electronic clinical resources?
- No  Your practice is not eligible for this incentive **Go to 12**
- Yes

The PIP Cervical Screening, Asthma and Diabetes incentives each have a number of incentive payments. The following questions relate to eligibility for the sign-on payments only. The Service Incentive Payments (SIPs) for the Cervical Screening, Asthma and Diabetes incentives and outcomes payments for the PIP Cervical Screening and Diabetes incentives are automatically calculated and made by Medicare Australia to eligible GPs and/or practices. GPs must complete a SIP banking details form in order for payments to be made.

## Cervical Screening Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the PIP Cervical Screening Incentive Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

**12** Does your practice agree to:

- have its practice details provided to the State or Territory cervical screening registers
- receive information from the State or Territory cervical screening registers and consider strategies to improve the level and quality of participation in the National Cervical Screening Program
- allow the State or Territory cervical screening registers to provide information about the aggregate number of women screened in your practice to Medicare Australia.

No  Your practice is not eligible for this incentive.  
Yes

## Asthma Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the PIP Asthma Incentive Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

**13** Does your practice agree to:

- maintain a patient register and a recall and reminder system for your patients with moderate to severe asthma
- implement a cycle of care for your patients with moderate to severe asthma
- have your practice details provided to the National Asthma Council Australia, Divisions of General Practice or State Based Organisations so your practice can receive information about the asthma cycle of care?

No  Your practice is not eligible for this incentive.  
Yes

## Diabetes Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the PIP Diabetes Incentive Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

**14** Does your practice agree to:

- maintain a patient register and a recall and reminder system for your patients with diabetes mellitus
- implement a cycle of care for your patients with diabetes mellitus?

No  Your practice is not eligible for this incentive.  
Yes

## Practice Nurse Incentive

To be eligible for this incentive, the practice must:

- be located in RRMA 3–7 or
- be in an urban area of workforce shortage or
- be an Aboriginal Medical Service (AMS) or
- an Aboriginal Community Controlled Health Service (ACCHS) and
- meet the requirements as set out in the PIP Practice Nurse Incentive Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

Medicare Australia will assess the RRMA classification of your practice, which will then be used to determine the practice's eligibility for this incentive.

**15** Does your practice employ an appropriately qualified:

**(Tick all that apply)**

- Aboriginal health worker
- Enrolled nurse
- Registered nurse
- Allied health professional (RRMA 1-2 only)
- None of the above (your practice is not eligible this incentive)

**16** Is the practice nurse and/or Aboriginal health worker and/or allied health professional employed for the required number of sessions per week, relevant to your practice size?

No  Your practice is not eligible for this incentive.  
Yes

Practices should refer to the PIP quarterly payment advice regarding the SWPE value of their practice. New practices must employ a practice nurse and/or Aboriginal health worker and/or allied health professional for a minimum of two sessions per week until the PIP quarterly payment advice shows the SWPE value of the practice.

For more information on how the practice's SWPE value is calculated, refer to the Practice Incentives Program Guidelines.

For more information on the number of sessions a practice must employ a practice nurse and/or Aboriginal health worker and/or allied health professional, refer to the PIP Practice Nurse Incentive Guidelines.

## Procedural GP Payment

To be eligible for this incentive, the practice must be located in RRMA 3–7 and meet the requirements as set out in the PIP Procedural GP Payment Guidelines available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

**17** Does your practice employ one or more Procedural GPs who provide one or more procedural services?

No  **Go to 19**

Yes  Procedural GPs will need to complete the relevant questions on the **Individual General Practitioner Details and Declaration pages**.

## Indigenous Health Incentive

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To be eligible for this incentive, the practice must meet the requirements as set out in the PIP Indigenous Health Incentive Guidelines, available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

**18** Does your practice agree to:

- a) seek consent to register your eligible Aboriginal and/or Torres Strait Islander patients who have, or are at risk of, chronic disease with Medicare Australia in order to access support through the PIP Indigenous Health Incentive and the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure
- b) establish and use a mechanism to ensure your Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (e.g. through the use of a recall and reminder system, or staff actively seeking out their patients to ensure they return for ongoing care)?

No  Your practice is not eligible for this incentive.

Yes

**19** Does your practice agree to annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients, with, or at risk of, chronic disease in the approved manner for the PBS Co-payment Measure from 1 July 2010?

Select **N/A** for your response to this question if your practice is eligible to participate in the special PBS supply arrangements under Section 100 of the *National Health Act* for remote area Aboriginal Health Services.

No  Your practice is not eligible for this incentive.

Yes

N/A

**20** Does your practice agree to ensure that at least two staff members, one of whom must be a GP, will undertake appropriate cultural awareness training within 12 months of the date of signature provided on this form?

Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives do not need to meet the cultural awareness training requirement. If this is the case, select **N/A** for your response.

No  Your practice is not eligible for this incentive.

Yes

N/A

For information on appropriate cultural awareness training, refer to the PIP Indigenous Health Incentive Guidelines.



# Practice Incentives Program and General Practice Immunisation Incentive Practice Ownership Details

**1** Indicate the type of practice ownership arrangement that applies, and complete the declaration below:

**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.   
Penalties exist under law for giving false or misleading statements.

## Declaration

**2 I/We declare that:**

- the statements made in this application and in the accompanying documents are correct.

**I/We consent to Medicare Australia:**

- providing payment advice(s) showing how PIP and/or GPPII payment(s) are calculated for the practice to the authorised contact person nominated on the **Practice and Banking Details page** of this form
- disclosing information, including personal information, to the Department of Health and Ageing, other relevant agencies or as authorised or required by law
- disclosing practice details to the National Asthma Council Australia, Divisions of General Practice, State Based Organisations or the Australian General Practice Network, if requested on the **Individual Incentives pages** of this form
- disclosing practice details to the State or Territory cervical screening registers, if requested on the **Individual Incentives pages** of this form
- using the information provided by the State or Territory cervical screening registers on the aggregate number of women screened to calculate the PIP Cervical Screening Incentive payments, if requested on the **Individual Incentives pages** of this form
- using the information provided by the National Prescribing Service (NPS) on the number of activities undertaken by practice GPs to calculate PIP QPI payments, if applicable.

**I/We understand that:**

- Medicare Australia may conduct compliance audits of a practice's compliance with the PIP and/or the GPPII eligibility requirements for PIP and/or GPPII payments
- I/we may be required to provide information to Medicare Australia as evidence of the practice's compliance with the PIP and/or the GPPII eligibility requirements for PIP and/or GPPII payments
- If I/we cannot provide information, as requested by Medicare Australia, to enable Medicare Australia to establish the practice's compliance with the PIP and/or the GPPII eligibility requirements for PIP and/or GPPII payments, I/we acknowledge that past PIP and/or GPPII payments may be recovered and that future payments may be suspended or ceased
- Medicare Australia may provide information (which may include identifying information) relating to this application to the Department of Health and Ageing for statistical, research and policy development purposes.

**I/We 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
- advise Medicare Australia in writing by the relevant 'point in time' date if the required number of procedural services in a six month reference period have not been provided (if applicable).

**3 I/we**

trading as

of (address)

Postcode

Hereby apply for the:

PIP

and/or

GPPII

**Continued over the page** ▶▶

**4** Signatures of all individuals, partners, associates and/or authorised representatives who are owners of the practice.  
If the person has an individual PKI certificate, the RA number should be provided 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 GPiI Online.

**1 Individual/Partner/Associate/Authorised representative**

Full name

Position held

RA number (if applicable)

Signature

Date

**2 Individual/Partner/Associate/Authorised representative**

Full name

Position held

RA number (if applicable)

Signature

Date

**3 Individual/Partner/Associate/Authorised representative**

Full name

Position held

RA number (if applicable)

Signature

Date

**4 Individual/Partner/Associate/Authorised representative**

Full name

Position held

RA number (if applicable)

Signature

Date

**5 Individual/Partner/Associate/Authorised representative**


Full name

Position held

RA number (if applicable)

Signature

Date

 Attach a separate sheet with details if insufficient space.

**5 Witness's full name**

Witness's address

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Postcode

Witness's signature

Date

**Continued over the page** ▶▶

## Checklist

Have you read the guidelines relating to each incentive for which you are applying?

Has an authorised contact person(s) been nominated (**Practice and Banking Details page**, question 2)?

Are the payment details correct? (**Practice and Banking Details page**, question 6).

If you are applying for the PIP, have you attached evidence that the practice (and any additional practice branches providing 3000 or more services per annum), is fully accredited or registered for accreditation. e.g. a copy of your certificate? (**Eligibility Check and Additional Practice Branches page**).

If you are applying for the PIP After Hours Incentive, have you attached evidence of your practice's after hours arrangements? (**Individual Incentives pages**).

Has the Practice Ownership Declaration been completed (including the date and witness signature) and signed by the practice owner(s)? (**Practice Ownership Details page**).

Have you attached a completed **Current General Practitioners page**?

Have you attached completed **Individual General Practitioner Details and Declaration pages** for each GP working at the practice?

Have you taken a copy of the application for your records?

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# Practice Incentives Program and General Practice Immunisation Incentive Individual General Practitioner Details and Declaration

**PIP applicants are to complete all questions on the Individual General Practitioner Details and Declaration pages of this form.**

**GPII applicants only need to complete questions 1-6 and 9 of the Individual General Practitioner Details and Declaration pages of this form.**

A separate form must be completed by each GP currently at the practice. If additional forms are required, photocopies of this page will be accepted.

**1 Full name of GP**

**2 Do you consent to the use of your Medicare and Department of Veterans' Affairs service data when calculating the practice's PIP and/or GPII payment(s)?**

No  If you do not consent, Medicare Australia will exclude your data when calculating the practice's payment(s). This will affect the level of payment to the practice.

Yes

**3 Do you have current professional indemnity cover?**

No  Your practice is not eligible for the PIP and/or the GPII.

Yes

It is an entry requirement of the PIP and the GPII that all practice GPs have current professional indemnity cover.

**4 Provider number for the main practice location**

Start date at the practice

**5 If you have an individual PKI certificate you should provide the RA number below:**

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 GPII Online.

**6 Provider number and address for each additional practice branch (if applicable)**

**1** Provider number

Address

Postcode

Start date at the practice

**2** Provider number

Address

Postcode

Start date at the practice

If you have more than two additional practice branch provider numbers, attach a separate sheet with details.

**7 Are you a Procedural GP?**

Refer to the PIP Procedural GP Payment Guidelines for the definition of a Procedural GP. The PIP Procedural GP Payment can only be made to one practice per six month reference period per Procedural GP. If you choose this practice to receive the Procedural GP Payment, indicate the provider number to be used below that is associated with this practice.

No  **Go to 9**

Yes

Provider number

To be eligible for the PIP Procedural GP Payment, the practice must be located in RRMA 3-7 and meet the requirements as set out in the PIP Procedural GP Payment Guidelines, available from [www.medicareaustralia.gov.au/pip](http://www.medicareaustralia.gov.au/pip)

Continued over the page ►►

8 Tick one box that best applies to you:

**Tier 1**

I provide at least one procedural service in the six month reference period. Refer to the PIP Procedural GP Payment Guidelines for the definition of a procedural service.

**Tier 2**

I meet the Tier 1 requirements and provide procedural services after hours (as defined in the PIP Procedural GP Payment Guidelines) on a regular or rostered basis throughout the six month reference period.

**Tier 3**

I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the six month reference period.

**Tier 4**

I meet the Tier 2 requirements and deliver 10 or more babies in the six month reference period.

Contact Medicare Australia if you are a single GP practice and may not meet the requirements of Tier 4, but expect to meet the obstetric needs of your community.

GPs are individually assessed. Practices with more than one Procedural GP cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the 'point in time' date for the six monthly payments, refer to the PIP Procedural GP Payment Guidelines.

Medicare Australia must be advised in writing by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest, if the required number of procedural services have not been provided in the six month reference period.

**Consent**

**I consent to Medicare Australia:**

- 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 PIP and/or GPPII payment(s)
- disclosing information, including personal information, provided in this form to the Department of Health and Ageing, other relevant agencies or as authorised or required by law
- using the information provided by the National Prescribing Service (NPS) on the number of educational activities which I have undertaken to calculate PIP QPI payments, if applicable.

**I understand that Medicare Australia may:**

- access information regarding services provided by me for the purpose of calculating PIP and/or GPPII payments
- provide reports regarding information on this application and services provided by me to the authorised contact person(s) nominated on this form
- provide information (which may include identifying information) relating to this application to the Department of Health and Ageing for statistical, research and policy development purposes.

**Declaration**

**9 I agree to:**

- the authorised contact person or myself informing Medicare Australia 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 practice's eligibility for the PIP and/or the GPPII may be affected.

**I declare that:**

- the information on this form is correct
- I have not claimed procedural services at another practice.

General practitioner's full name

General practitioner's signature

Date

Witness's full name

Witness's signature

Date

**Privacy note**

The information on this form will be used to assess the practice's eligibility to receive payments under the PIP and/or the GPPII 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.