



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: **08 8274 9352**

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

 / / **Go to 13**

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.