



# Practice Incentives Program Procedural General Practitioner Payment application

## Important Information

Complete this form to apply for the Practice Incentives Program (PIP) Procedural General Practitioner (GP) Payment. A separate form should be completed by each Procedural GP in a PIP practice that wishes to apply for the PIP Procedural GP Payment.

## 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](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: **08 8274 9352**

Print in **BLOCK LETTERS**

Tick where applicable

## Eligibility requirements

To be eligible for the PIP Procedural GP Payment, the practice must be located in Rural, Remote and Metropolitan Areas (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)

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

No  Your practice is not eligible for this incentive.

Yes

**2** Do all GPs at your practice have current professional indemnity cover?

No  Your practice is not eligible for this incentive.

Yes

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

## Practice details

**3** Practice ID

**4** Practice name

**5** Address

  

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**6** Postal address (if different to above)

  

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**7** Phone number

Fax number

Email

  

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## Procedural GP's details

**8** 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.

No  You are not eligible for this incentive.

Yes

**9** Provider number to be used for the Procedural GP Payment that is associated with this practice

**10** Procedural GP's full name

## Procedural activities

**11** 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.

## Procedural GP declaration

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### 12 I declare that:

- the information provided at questions 8 to 10 on this form is correct
- I have not claimed these procedural services at another practice.

Procedural GP's full name

Procedural GP's signature

Date

## Practice declaration

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### 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.
- advise Medicare Australia 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 in a six month reference period have not been provided.

### I understand that:

- if this is not done, incentive payments may be reduced or recovered, and the practice's eligibility for the PIP may be affected
- Medicare Australia may conduct compliance audits and the practice may be required to provide information as evidence of compliance with PIP eligibility requirements and that failure to do so may result in past PIP payments being recovered and/or future payments being suspended or ceased.

### I declare that:

- the information on this form is correct.

Authorised contact person's full name

Authorised contact person's signature

Date

## Privacy note

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The information on this form will be used to assess the practice's eligibility to receive payments under the PIP Procedural GP Payment 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.