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Australian Government
Medicare Australia

Practice Incentives Program
Domestic Violence Incentive application

Important information

Complete this form to apply for the Practice Incentives Program (PIP) Domestic Violence Incentive. This form is only to be used by practices already registered for the PIP.

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 ☑

Eligibility requirements

To be eligible for the PIP Domestic Violence Incentive the practice must be located in Rural, Remote and Metropolitan Areas (RRMA) 3–7 and meet the requirements as set out in the PIP Domestic Violence Incentive Guidelines, available from **www.medicareaustralia.gov.au/pip**

1 Does your practice employ an appropriately trained and qualified practice nurse and/or Aboriginal health worker who:

a) has been certified by Lifeline Australia as having completed recognised domestic violence training and

b) is available to act as a referral point to domestic violence support services for women experiencing domestic violence for the required number of sessions per week, relevant to your practice's Standardised Whole Patient Equivalent (SWPE) value. Refer to the PIP Domestic Violence Incentive Guidelines for the number of sessions required.

No ☐ Your practice is not eligible for this incentive.

Yes ☐ Provide the date your practice nurse and/or Aboriginal health worker was certified by Lifeline Australia as having completed recognised domestic violence training.

/ /

Practice details

2 Practice ID

3 Practice name

4 Address

Postcode

5 Postal address (if different to above)

Postcode

6 Phone number

( )

Fax number

( )

Email

@

Declaration

7 **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 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 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

The information on this form will be used to assess the practice's eligibility to receive payments under the PIP Domestic Violence Incentive 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.