Australian Government
Services Australia

medicare

MyMedicare incentives review of decision (IP034)

When to use this form

Use this form if you disagree with a program decision made under MyMedicare incentives. These include the Bulk Billing Practice Incentive Program (BBPIP) and the General Practice in Aged Care Incentive (GPACI).

The registered practice, provider or authorised contact person must complete this form and provide supporting documentation to Services Australia **within 28 days** of the decision (payment and/or assessment).

Important information

Services Australia review requests in accordance with the eligibility criteria set out in the relevant program guidelines and payment formulas established by the Australian Government Department of Health, Disability and Ageing. Decisions are based on the published guidelines at the time of the original decision.

Services Australia will advise the practice or provider in writing of the review outcome.

Privacy notice

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of MyMedicare incentives.

Your personal information will be disclosed to the Australian Government Department of Health, Disability and Ageing and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of MyMedicare incentives, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at **servicesaustralia.gov.au/privacypolicy**

For more information

Go to **health.gov.au/mymedicare**

If you need assistance completing this form, call 132 150 Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Practice or provider details

1 Incentive program to be reviewed

Tick one only

BBPIP ☐

GPACI ☐

2 Organisation Register Site ID (if applicable)

3 Provider number (if applicable)

4 Australian Business Number (ABN) (if applicable)

5 Practice name (if applicable)

6 Provider name (if applicable)

7 Full practice or provider address

Building name (if applicable)

Unit | Suite | Shop | Floor number

Street number

Street name

Suburb

State | Postcode

8 Practice or provider phone number (including area code)

Practice or provider email

9 Postal address (if different to question 7)

Postcode

Review of decision details

10 What was the decision (payment and/or assessment) and why do you disagree?

Refer to the relevant program guidelines in your response. Provide supporting documentation, including payment information. Services Australia may request more information to support your request.

If you need more space, provide a separate sheet with details.

Declaration

11 I declare that:

- I have read the **Privacy notice** on page 1
- I have read and understood the relevant program guidelines
- any supporting documentation provided with this form is true, correct and complete
- the information provided in this form is complete and correct.

I understand that:

- the Australian Government Department of Health, Disability and Ageing may conduct program audits of a practice's compliance with eligibility requirements for payments under MyMedicare incentives
- the practice or provider is required to retain documentation for a minimum of 6 years
- the practice or provider may be required to provide information to the Australian Government Department of Health, Disability and Ageing as evidence of the practice's compliance with the MyMedicare incentives
- if the practice or provider cannot provide information, as requested by the Australian Government Department of Health, Disability and Ageing, to establish compliance with the MyMedicare incentives eligibility requirements, payments may be reduced, recovered, suspended or ceased
- Services Australia may provide information (which may include identifying information) relating to this application to the Australian Government Department of Health, Disability and Ageing for statistical, program compliance, research and policy development purposes
- the authorised contact person(s) will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes
- the practice or provider will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to MyMedicare incentives
- if the practice or provider does not notify Services Australia of changes to arrangements and authorised contact person(s), incentive payments for MyMedicare incentives may be reduced, recovered, suspended or ceased
- all forms completed by an authorised person will be taken to be completed on behalf of the practice or provider
- giving false or misleading information is a serious offence.

☐ I have read, understood and agree to the above.

Registered practice owner, provider or authorised contact person's full name

Date (DD MM YYYY) (you **must** date this declaration)

Returning this form

Return this form and any supporting documents **online** using your Provider Digital Access (PRODA) account and the Form upload function in Health Professional Online Services (HPOS).

For providers

1. Log in to your PRODA account to access HPOS as an individual.
2. Select **Form upload**.
3. Select the form category **MyMedicare**.
4. Select the form type **MyMedicare incentives – review of decision (IP034)**.
5. **Choose** and **Add** the completed form and supporting documents.
6. Select **Send**.

For practices

1. Log in to your PRODA account to access HPOS on behalf of the PRODA organisation for your practice.
2. Select the **Messages** tile.
3. Select **My Organisation(s) mailbox**.
4. From the Organisation dropdown, select the mailbox for your **organisation** or **practice (site)**. All future correspondence in relation to this form will be sent to the mailbox you select in this step.
5. Select **Form upload**.
6. Select the form category **MyMedicare**.
7. Select the form type **MyMedicare incentives – review of decision (IP034)**.
8. **Choose** and **Add** the completed form and supporting documents.
9. Select **Send**.

If you do not have a PRODA account, go to **servicesaustralia.gov.au/proda** to register. Then follow the steps to set up your HPOS access.

If you are not able to return this form through HPOS, call us on **132 150**.

For more information, go to **servicesaustralia.gov.au/hpos**

Reset form