Australian Government
Services Australia

medicare

Practice Incentives Program and/or Workforce Incentive Program Practice Stream application (IP001)

When to use this form

Use this form to apply for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) Practice Stream.

Health Professional Online Services

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make claims and update your practice details through HPOS. Most changes you make through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to **servicesaustralia.gov.au/hpos**

Program guidelines

Practices **must** read the relevant guidelines for each program and individual 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 the WIP Practice Stream, go to **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream**

Practice accreditation requirements

To be eligible to participate in the PIP and/or the WIP Practice Stream, a practice must be accredited or registered for accreditation, as a general practice under the National General Practice Accreditation (NGPA) Scheme and provide evidence to support this.

Refer to the program guidelines to read the accreditation requirements. Accreditation certificates with the notation 'Approved Medical Deputising Service (AMDS)/After Hours Medical Deputising Service (AHMDS)' standards are not eligible for the purposes of the PIP and the WIP Practice Stream.

Practices must make sure their accreditation is up-to-date. Practices registered for accreditation must obtain accreditation **within 12 months** of being approved for the program.

If accreditation is **not received within 12 months** of being approved for the program, the practice will not be eligible for any further payments until the accreditation is received, even if the registered for accreditation certificate is extended.

If your practice is applying as a **PIP consenting practice**, the practice's accreditation details registered in the PIP will be used for the WIP Practice Stream.

Benefits of becoming a PIP consenting practice

If your practice is already participating in the PIP and applying for the WIP Practice Stream, or applying for both programs, you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP Practice Stream:

- practice name and main address
- eligibility details, such as accreditation, public liability insurance and indemnity insurance
- bank account details
- contact details
- location details
- ownership details
- general practitioner details, and
- your Standardised Whole Patient Equivalent (SWPE).

When you have become a PIP consenting practice, your practice IDs will become identical and you will only need to update your practice details in your PIP profile. You will not need to make the same updates to your WIP Practice Stream profile.

Definition of general practitioners and nurse practitioners

For the purpose of the PIP and the WIP Practice Stream:

- **general practitioners include**:
  - general practitioners
  - non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services but are not general practitioners
  - fellows of the Royal Australian College of General Practitioners (RACGP)
  - fellows of the Australian College of Rural and Remote Medicine (ACRRM)
  - vocationally registered general practitioners
  - medical practitioners undertaking approved training
- **a nurse practitioner** is a person who is endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia.

Registration requirements for nurse practitioners can be found at the Nursing and Midwifery Board of Australia website **nursingmidwiferyboard.gov.au**

Structure of this form

This application includes a number of parts. Parts C and D of this form are optional but **all other parts must be completed**.

- **Part A** – Eligibility requirements and practice details
- **Part B** – Additional practice branches
- **Part C** – Individual PIP Incentives (optional)
  If you want to apply for all or any of the individual incentives at a later date, you can apply through HPOS.
- **Part D** – Workforce Incentive Program Practice Stream (optional)
  If you want to apply for this program at a later date, you can apply through HPOS.
- **Part E** – Practice ownership and evidence requirements
- **Part F** – Individual general practitioner or nurse practitioner details, privacy notice and declaration
- **Part G** – Owners' privacy notice and declaration

eHealth Incentive and Quality Improvement Incentive

To be eligible for the eHealth Incentive and the Quality Improvement Incentive, practices must meet the requirements in the relevant guidelines available at **servicesaustralia.gov.au/pip**

Practices can only apply for the eHealth Incentive and the Quality Improvement Incentive through HPOS **after** the:

- PIP practice registration process is completed
- PIP practice ID is issued.

Additional individual PIP incentives

Practices **do not** need to apply for the following individual PIP incentives.

Rural Loading

Practices registered for the PIP **do not** need to apply to receive a rural loading payment. If your main practice address is located in a Rural, Remote and Metropolitan Area (RRMA) classification 3–7, we will automatically calculate the loading and add it to your practice payment. For more information, read the **PIP Rural Loading guidelines** available at **servicesaustralia.gov.au/pip**

Teaching Payment

Practices registered for the PIP **do not** need to apply to claim teaching payments. For more information, read the **PIP Teaching Payment guidelines** available at **servicesaustralia.gov.au/pip**

For more information

Go to **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream**

If you need help completing this form, call 1800 222 032 (call charges may apply) 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.
- Where you see a box like this ☐ ▶ ***Go to 1*** skip to the question number shown.

PART A — Eligibility requirements and practice details

Eligibility requirements

1 Does your practice have and continue to maintain at least $10 million in public liability insurance cover?

No ☐ ▶ Your practice is **not eligible** for the PIP or the WIP Practice Stream.

Yes ☐ ▶ Give details below

Public liability insurance company name

Expiry date (DD MM YYYY)

Policy number

2 Do all practice general practitioners and nurse practitioners have current professional indemnity cover?

No ☐ ▶ Your practice is **not eligible** for the PIP or the WIP Practice Stream.

Yes ☐

3 It is an entry requirement of the PIP and the WIP Practice Stream that the practice is accredited or registered for accreditation as a general practice under the NGPA Scheme.

Is your practice accredited as a general practice under the NGPA Scheme?

No ☐

Yes ☐ Provide a copy of your current accreditation certificate which matches the details entered at questions 5 and 7.

▶ ***Go to 5***

4 Is your practice registered for accreditation as a general practice under the NGPA Scheme?

No ☐ ▶ Your practice is **not eligible** for the PIP or the WIP Practice Stream.

Yes ☐ Provide a copy of your current registered for accreditation certificate which matches the details entered at questions 5 and 7.

Practice details

5 Practice name

6 Practice type

Tick one only

General Practice ☐

Aboriginal Medical Services (AMS) ☐

Aboriginal Community Controlled Health Services (ACCHS) ☐

7 Full **main** practice address

The practice address should be the practice location that provides the most Medicare Benefits Schedule (MBS) services per year.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

8 Practice phone number (including area code)

Practice email

9 Postal address (if different from question 7)

Postcode

10 Which program do you want to apply for?

Tick one only

PIP ☐ ▶ ***Go to 13***

WIP Practice Stream ☐ ▶ ***Go to 11***

PIP and WIP Practice Stream ☐ ▶ ***Go to 11***

11 Does your practice consent to its PIP practice information being used for the WIP Practice Stream?

No ☐ ▶ ***Go to 13***

Yes ☐ **PIP practice ID** (if already approved for PIP)

▶ ***Go to 12***

N/A ☐ My practice does not participate in the PIP or I am not applying for the PIP

▶ ***Go to 13***

12 If already approved for PIP, are your practice's details correct?

No ☐ ***Go to 13***

Yes ☐ ***Go to Part D – Workforce Incentive Program Practice Stream***

N/A ☐ I am applying for PIP in this application
Go to 13

13 You will receive correspondence from us through the HPOS messages facility. Make sure you have created a PRODA account. If you do not want to receive online correspondence it will be sent via post.

Do you want to receive all written correspondence through HPOS?

No ☐ I want to receive all written correspondence via the post.

Yes ☐

14 Authorised contact person(s)

The authorised contact person(s) must be nominated by an owner of the practice to act on behalf of the practice in relation to the Practice Incentives Program and/or Workforce Incentive Program Practice Stream.

An authorised contact person can make all changes to the practice's details including bank account updates. Changes made by an authorised contact person will be deemed to have been authorised by the practice owner(s). The only changes an authorised contact person cannot act for the practice are adding or removing authorised contacts, change of practice ownership, amalgamation, relocation and/or practice closure. These changes can only be notified by the practice owner.

Changes to practice arrangements can impact on your practice's eligibility to participate in the PIP and WIP Practice Stream and/or the calculation of incentive payments.

All correspondence will be addressed to the primary authorised contact person.

The correspondence will be sent to your HPOS mailbox or your postal address based on your communication preference.

If the authorised contact person(s) has a PRODA account, provide the Registration Authority (RA) number in the space below. Providing the RA number will allow for the person to access the practice's profile in the PIP and/or WIP Practice Stream online systems and to receive and send PIP and WIP Practice Stream correspondence through the HPOS mailbox.

Most changes made through the online systems are effective immediately. Access to the PIP and/or WIP Practice Stream online systems is through HPOS at **servicesaustralia.gov.au/HPOS**

A practice may nominate up to 5 authorised contact persons.

Primary authorised contact

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Additional authorised contacts

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

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

Bank account details

All Incentive payments are made through electronic funds transfer (EFT). You must nominate an account that can accept EFT deposits.

15 Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

PART B — Additional practice branches

If your practice provides services from more than one location, the practices may be eligible to join the PIP and/or WIP Practice Stream as one practice. For more information, read the relevant guidelines available at **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream**

16 Does your practice have more than one location?

No ☐ ***Go to 19***

Yes ☐

17 If you answer **No** to this question, your additional practice branch(es) will not meet the eligibility requirements for being considered as one practice. We will process this application for the main practice address only.

Do one or more general practitioners provide MBS services at both the main practice location and the additional practice branch(es)?

No ☐ The additional practice branch(es) are not eligible to be registered for PIP or WIP Practice Stream. ***Go to 19***

Yes ☐

Address of each additional practice branch

Additional practice branches providing 3,000 or more MBS services per year must be accredited, or registered for accreditation.

18 Complete the details below for each additional practice branch wanting to participate in the PIP and/or WIP Practice Stream.

Provide a current copy of your accredited or registered for accreditation certificate for each additional practice branch.

Additional practice branch 1

Full practice address

Building name

Unit ☐ Suite ☐ Shop ☐ Floor number ☐

Street number

Street name

Suburb

State ☐ Postcode ☐

The additional practice branch is:

Tick one only

Accredited in its own right ☐

Registered for accreditation in its own right ☐

Not accredited, this location provides under 3,000 MBS services per year ☐

Additional practice branch 2

Full practice address

Building name

Unit ☐ Suite ☐ Shop ☐ Floor number ☐

Street number

Street name

Suburb

State ☐ Postcode ☐

The additional practice branch is:

Tick one only

Accredited in its own right ☐

Registered for accreditation in its own right ☐

Not accredited, this location provides under 3,000 MBS services per year ☐

Additional practice branch 3

Full practice address

Building name

Unit ☐ Suite ☐ Shop ☐ Floor number ☐

Street number

Street name

Suburb

State ☐ Postcode ☐

The additional practice branch is:

Tick one only

Accredited in its own right ☐

Registered for accreditation in its own right ☐

Not accredited, this location provides under 3,000 MBS services per year ☐

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

19 Are you applying for PIP?

No ☐ ***Go to Part D – Workforce Incentive Program Practice Stream***

Yes ☐ ***Go to Part C – Individual PIP incentives***

PART C — Individual PIP incentives

Only complete **Part C** if you are applying for PIP and want to apply for individual PIP incentives.

If you want to apply for any of these incentives at a later date, you can apply through HPOS.

Indigenous Health Incentive

To be eligible for this incentive, the practice must meet the requirements in the **PIP Indigenous Health Incentive guidelines** available at **servicesaustralia.gov.au/pip**

20 Is your practice registering for the PIP Indigenous Health Incentive and agreeing to:

- obtain informed consent to register your eligible Aboriginal and Torres Strait Islander patients for the PIP Indigenous Health Incentive
- establish and use a follow-up mechanism for your Indigenous patients (for example, through the use of a recall and reminder system, or staff actively seeking out their patients to make sure they return for ongoing care)?

No ☐ Your practice is **not eligible** for this incentive. ***Go to 22***

Yes ☐

21 Do you agree that at least 2 staff members from your practice, one must be a general practitioner, will complete appropriate cultural awareness training **within 12 months** of approval for the PIP Indigenous Health Incentive?

Practices under the management of an Aboriginal Board of Directors or a committee made up mainly of 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 ☐

After Hours Incentive

To be eligible for the PIP After Hours Incentive, the practice must meet the requirements in the **PIP After Hours Incentive guidelines** available at **servicesaustralia.gov.au/pip**

You can only apply for one payment level.

22 Does your practice meet all the eligibility requirements of the After Hours Incentive and do you want to apply for this incentive?

No ☐ ***Go to 24***

Yes ☐

23 Indicate the payment level you are applying for, noting the requirements that need to be met for each level:

Tick one only

Level 1: Participation Payment ☐

- Practices must have formal arrangements in place to make sure that practice patients have access to care in the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays). The practice does not have to provide the care itself if it has formal arrangements in place for patients to access care through a third party.

Level 2: Sociable After Hours Cooperative Coverage Payment ☐

- Practices must participate in a cooperative arrangement that provides after hours care to practice patients in the **sociable after hours period** (6 pm to 11 pm weeknights).
- Practices must make sure formal arrangements are in place to cover the **unsociable after hours period** (11 pm to 8 am weekdays, hours outside of 8 am and 12 pm Saturdays and all day Sundays and public holidays).
- The cooperative must meet the definition of a cooperative in the **PIP After Hours Incentive Guidelines** available at **servicesaustralia.gov.au/pip**
- Practices must provide the minimum levels of care towards the cooperative outlined in the after hours guidelines.

Level 3: Sociable After Hours Practice Coverage Payment ☐

- Practices must provide after hours care to practice patients directly through the practice in the **sociable after hours period** (6 pm to 11 pm weeknights).
- Practices must make sure formal arrangements are in place to cover the **unsociable after hours period** (11 pm to 8 am weekdays, hours outside of 8 am and 12 pm Saturdays and all day Sundays and public holidays).
- Practices cannot participate in a cooperative to be eligible for this payment.

Level 4: Complete After Hours Cooperative Coverage Payment ☐

- Practices must participate in a cooperative arrangement that provides after hours care to practice patients for the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays).
- The cooperative must meet the definition of a cooperative in the **PIP After Hours Incentive Guidelines** available at **servicesaustralia.gov.au/pip**
- Practices must provide the minimum levels of care towards the cooperative outlined in the after hours guidelines.

Level 5: Complete After Hours Practice Coverage Payment ☐

- Practices must provide after hours care to practice patients in the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays).
- Practices cannot participate in a cooperative to be eligible for this payment.
- Practices can only use a localised or practice based nurse triaging arrangement if they are in a RRMA classification 5–7.

Procedural General Practitioner Payment

To be eligible for this incentive, the practice must be located in a RRMA classification 3–7 and meet the requirements in the **PIP Procedural General Practitioner Payment guidelines** available at **servicesaustralia.gov.au/pip**

24 Does your practice employ one or more procedural general practitioners who provide one or more procedural services?

No ☐ Your practice is **not eligible** for this incentive.

Yes ☐ Procedural general practitioners will need to complete **Part F – Individual general practitioner or nurse practitioner details** and **declaration** of this form.

eHealth Incentive and Quality Improvement Incentive

Once the practice registration process for the PIP is completed and you have been issued with a PIP practice ID, you can apply for these incentives through HPOS.

To be eligible for the eHealth Incentive and the Quality Improvement Incentive, practices must meet the requirements in the relevant guidelines available at **servicesaustralia.gov.au/pip**

25 Are you also applying for the WIP Practice Stream?

No ☐ ***Go to Part E – Practice ownership and evidence requirements***

Yes ☐ ***Go to Part D – Workforce Incentive Program Practice Stream***

PART D — Workforce Incentive Program Practice Stream

26 Is your practice applying for the WIP Practice Stream?

No ☐ ***If you are applying for PIP, go to Part E – Practice ownership and evidence requirements***

Yes ☐

27 Do all eligible health professionals at the practice have the level of professional indemnity insurance specified by the relevant board arrangements?

No ☐ Your practice is **not eligible** for the WIP Practice Stream. ***If you are applying for PIP, go to Part E – Practice ownership and evidence requirements***

Yes ☐

28 Does your practice employ or otherwise retain the services of any of the following health professionals:

- a nurse practitioner
- registered nurse
- enrolled nurse, with the relevant direct or indirect supervision arrangements in place
- midwives
- an eligible Aboriginal and Torres Strait Islander health worker
- Aboriginal and Torres Strait Islander health practitioner
- other health professionals
  - audiologists
  - chiropractors
  - diabetes educators
  - dietitians or nutritionists
  - exercise physiologists
  - occupational therapists
  - orthoptists
  - orthotists or prosthetists
  - osteopaths
  - paramedics
  - pharmacists (non-dispensing role)
  - physiotherapists
  - podiatrists
  - psychologists
  - social workers
  - speech pathologists?

No ☐ Your practice **is not eligible** for the WIP Practice Stream. ***If you are applying for PIP, go to Part E – Practice ownership and evidence requirements***

Yes ☐

WIP Practice Stream eligible health professional details

You can only claim the hours worked by each eligible health professional, engaged or otherwise retained by the practice.

You will need to calculate the average weekly hours worked per quarter for each eligible health professional, taking into account ineligible services and ineligible activities.

The average weekly hours are the hours worked by the eligible health professional for the entire payment quarter divided by 13 weeks.

You are **not** eligible to claim payment for any hours where you already receive support to employ, engage or otherwise retain the services of an eligible health professional.

The Australian Health Practitioner Regulation Agency (Ahpra) and Healthcare Provider Identifier - Individual (HPI-I) numbers will be used to identify the health professional.

29 Complete the details below for all eligible health professionals currently working at the practice (including any additional practice branches).
General practitioners are **not eligible** health professionals for the WIP Practice Stream. General practitioner details must be added at **Part F – Individual general practitioner or nurse practitioner details** of this form.

Eligible health professional 1

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 2

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 3

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 4

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

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

If you have included hours for nurse practitioner(s) and they have a Medicare provider number, you also need to register them by completing **Part F – Individual general practitioner or nurse practitioner details** of this form. This is to make sure their MBS services contribute towards the Standardised Whole Patient Equivalent (SWPE) value for the practice.

PART E — Practice ownership and evidence requirements

30 Indicate your practice's ownership structure type:

You will need to provide evidence to support your answer to this question. Details of the evidence required are listed under each ownership type.

Tick one only

Individual proprietor/sole trader
We will use the ABN lookup to confirm your details. If we need more information from you, we will let you know. ☐

Partnership
You must provide a copy of the partnership agreement. This document must list the partners.

The declaration must be completed by at least 2 partners who are owners of the practice. ☐

Company
You must provide a copy of the current company extract from the Australian Securities and Investments Commission (ASIC). The company extract must list the company directors and office holders.

The declaration must be completed by at least one director listed in the company extract. ☐

Trust
You must provide:

- a copy of the trust deed
- if the trustee is a company or a body corporate, a current ASIC company extract that lists the company directors and office holders.

The trustee must complete and sign the declaration.

Signature requirements:

- If the trustee is a body corporate, at least 2 directors must sign the declaration.
- If the trustee is a company, at least 1 director must sign the declaration.
- If the trustee is an individual, the individual must sign the declaration. ☐

Body Corporate
You must provide a copy of the current company extract from ASIC. The extract must list the company directors and office holders.

The declaration must be completed by at least 2 representatives of the body corporate ownership.

Where the company operates under a sole directorship, tick 'Sole director' at the declaration. ☐

State or territory government or other public body
(including Aboriginal Medical Services)

You must provide a letter signed by the Chief Executive Officer (CEO), or equivalent, confirming that the people who signed the declaration are authorised to represent the organisation.

The declaration must be completed by at least 2 authorised officers of the government or other authorised public body. ☐

Penalties apply for giving false or misleading information.

31 Company name

Trading name

Australian Business Number (ABN)

Ownership address (if different to question 7)

Postcode

PART F — Individual general practitioner or nurse practitioner details, privacy notice and declaration

The Practice Incentives Program (PIP) and the Workforce Incentive Program (WIP) Practice Stream applicants must complete **all** questions in **Part F**.

A separate **Part F** (pages 11 and 12) **must** be completed by each general practitioner **and** nurse practitioner currently working at the practice. Additional copies of **Part F** will be accepted if attached to this completed application.

If your practice is already approved for PIP and is applying for the WIP Practice Stream as a PIP consenting practice, any general practitioners and nurse practitioners registered to your PIP profile will automatically be captured in your WIP Practice Stream profile. Therefore, you do not need to complete **Part F** to register them.

32 Full name of general practitioner or nurse practitioner

33 Do you have current professional indemnity insurance cover?

No ☐ You are **not eligible** for the PIP or the WIP Practice Stream.

Yes ☐

34 Provider number - main practice address (see question 7 for location)

Start date - main practice address (DD MM YYYY)

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

Additional practice branch 1

Address

Postcode

Provider number - additional practice branch

Start date - additional practice branch (DD MM YYYY)

Additional practice branch 2

Address

Postcode

Provider number - additional practice branch

Start date - additional practice branch (DD MM YYYY)

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

Procedural general practitioner details

To be eligible for the PIP Procedural General Practitioner Payment, the practice **must be located** in a Rural, Remote and Metropolitan Area (RRMA) classification 3–7 and meet the requirements in the **PIP Procedural General Practitioner Payment guidelines** available at **servicesaustralia.gov.au/pip**

36 **Read** this before completing the following question.

If you are currently receiving the PIP Procedural General Practitioner Payment at a different PIP practice, selecting 'Yes' will transfer payments to this practice.

Are you a procedural general practitioner and do you want this practice to receive the PIP Procedural General Practitioner Payment?

A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics. The PIP Procedural General Practitioner Payment can only be made to one practice per 6 month reference period per procedural general practitioner. If you want this practice to receive the PIP Procedural General Practitioner Payment, indicate the provider number to be used below that is associated with this practice.

No ☐ ***Go to 38***

Yes ☐ Provider number

37 Tick the tier level you meet, noting the requirements for each level:

Tick one only

Tier 1 I provide at least one procedural service in the 6 month reference period. Read the **PIP Procedural General Practitioner 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 General Practitioner Payment guidelines**) on a regular or rostered basis throughout the entire 6 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 6 month reference period. ☐

Tier 4 I meet the Tier 2 requirements and deliver 10 or more babies in the 6 month reference period. ☐

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

General practitioners are individually assessed. Practices with more than one procedural general practitioner 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 6 monthly payments, read the **PIP Procedural General Practitioner Payment guidelines**.

We must be advised **at least 7 days** before the relevant point-in-time date if the required number of procedural services have not been provided in the 6 month reference period.

Privacy notice

38 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of Practice Incentives Program (PIP) and/or Workforce Incentives Program (WIP) Practice Stream.

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 the PIP and/or WIP Practice Stream, 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**

Declaration

39 I declare that:

- I am the general practitioner or nurse practitioner named in the form
- I have not claimed procedural services at another practice and will nominate only one practice for procedural general practitioner payments for each reference period
- I hold current professional indemnity insurance cover where required under the relevant program guidelines
- the information I have provided in this form is complete and correct.

I consent to:

- Services Australia using and disclosing my information (including personal and sensitive information), to the Australian Government Department of Health, Disability and Ageing, the Department of Veterans' Affairs, and other relevant agencies for administering the Practice Incentives Program and the Workforce Incentive Program Practice Stream, including program compliance, monitoring, evaluation, research and policy development purposes
- Services Australia disclosing the information in this application and about the services provided by me to:
  - the practice owner and/or authorised contact person for the purposes of verifying services provided
  - state and territory-based health administration organisations such as the Primary Health Networks
  - professional accreditation bodies for the purposes of verifying accreditation and eligibility for payment incentive
  - any other uses or disclosures authorised or required by law
- the practice owner and/or authorised contact person(s) notifying Services Australia of any changes to my arrangements on my behalf, **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I agree to:

- notify or allow the practice owner and/or authorised contact person to notify Services Australia about changes to my arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date
- notify or allow the practice owner and/or authorised contact person to notify Services Australia **within 7 days** of the change or **at least 7 days** before the point-in-time date if the required number of procedural services in a 6 month reference period have not been provided or if I cease working at the practice (if applicable).

I understand that:

- I must meet the relevant eligibility requirements throughout the reference period and may be required to provide information to substantiate my participation and activities including evidence of procedural services and service levels where applicable
- my participation and service delivery may be subject to audit and verification by the Australian Government Department of Health, Disability and Ageing
- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced, recovered, suspended or ceased
- all correspondence will be addressed to the primary authorised contact
- giving false or misleading information is a serious offence.

General practitioner or nurse practitioner (named at question 32)

Family name

First given name

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

PART G — Owners' privacy notice and declaration

Privacy notice

40 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of Practice Incentives Program (PIP) and/or Workforce Incentives Program (WIP) Practice Stream.

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 the PIP and/or WIP Practice Stream, 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**

Declaration

41 I/We declare that:

- I am/we are the owner(s) of the practice, or I am/we are authorised to act on behalf of all owner(s) to bind the practice
- the practice meets the eligibility requirements and accepts obligations for the Practice Incentives Program, the Workforce Incentive Program Practice Stream, and individual Practice Incentives Program incentives applied for, or automatically enrolled for, as set out in the applicable guidelines
- any supporting documentation provided with this form is true, correct and complete
- the information I/we have provided in this form is complete and correct.

I/We consent to Services Australia using and disclosing information, including personal and sensitive information:

- to the Australian Government Department of Health, Disability and Ageing, the Department of Veterans' Affairs (including any third party contracted service providers), for the purpose of administering the Practice Incentives Program and the Workforce Incentive Program Practice Stream, including program monitoring, evaluation, compliance, statistical and research purposes and policy development
- to state and territory health administration organisations, such as Primary Health Networks
- to professional accreditation bodies to verify accreditation and eligibility for incentive payments
- as otherwise authorised or required by law.

I/We agree to:

- notify Services Australia of any changes to practice arrangements **within 7 days** of the change, or **at least 7 days** before the point-in-time date
- notify Services Australia **within 7 days** of the change or **at least 7 days** before the point-in-time date, if the required number of procedural services in a 6 month reference period have not been provided
- have all correspondence addressed to the primary authorised contact person
- authorise any authorised contact person nominated on this form, or any single owner, to act on behalf of the practice in relation to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream matters
- acknowledge that any forms submitted by an authorised contact person are taken to be completed and authorised on behalf of the practice and the practice owner
- accept liability for all claims and documentation submitted by an authorised contact person or practice owner to Services Australia in relation to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream.

I/We understand that:

- the practice must continue to meet the eligibility requirements and obligations of the Practice Incentives Program and/or Workforce Incentive Program Practice Stream as set out in the applicable guidelines
- the practice must retain records and evidence to support their eligibility and claims for payments eligibility for a minimum of 6 years
- the practice must notify Services Australia of changes to practice ownership, practice arrangements, authorised contact person(s), and incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream. Failure to do so may result in payments being reduced, recovered, suspended or ceased
- the practice must provide information to the Australian Government Department of Health, Disability and Ageing, if requested, to demonstrate compliance with the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream eligibility requirements. Failure to provide this information may result in payments being reduced, recovered, suspended or ceased
- the practice must repay any incorrect payments or overpayments to the Commonwealth
- the Australian Government Department of Health, Disability and Ageing may audit the practice's compliance with eligibility requirements for payments
- the Commonwealth may:
  - reduce future payments to the practice by any amounts owed or required to be repaid by the practice
  - withhold payments
- withdraw the practice and terminate this agreement if the practice:
  - does not comply with its obligations under the applicable guidelines
  - becomes bankrupt or insolvent
  - enters into a scheme or arrangement with creditors
  - comes under an external administration
- payments will be made to the practice in accordance with the applicable guidelines in force at the time of payment, based on the information provided by the practice
- giving false or misleading information is a serious offence.

Continues ▶

42 This section must be completed by the practice owner(s) as listed in the application to support the practice ownership and evidence requirements.

The authorised contact person must not complete this section unless they are an owner.

Only individuals who:

- list their details in the application
- are named in the practice ownership evidence document(s)
- sign this declaration

will be recognised as owners for the purposes of the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream, including for notifying changes to authorised contacts, practice ownership, sale, relocation, amalgamation, withdrawal, or closure of the practice.

If the owner has a Provider Digital Access (PRODA) account, provide the Registration Authority (RA) number below.

The RA number will be used to enable access to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream Online.

Practice owners

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

Sole director ☐

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

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

Checklist

43 Which of the following forms and documents are you providing with this form?

You must provide copies of the documents. The copies will not be returned.

Have you read the guidelines relating to each program and incentive for which you are applying? (refer to Program guidelines on page 1)	☐
Accreditation certificate (if you answered Yes at **question 3**)	☐
Registered for accreditation certificate (if you answered Yes at **question 4**)	☐
Has a primary authorised contact been nominated at **Part A – Eligibility requirements and practice details** (required at **question 14**)	☐
Are the bank account details at **Part A – Eligibility requirements and practice details** correct? (required at **question 15**)	☐
Accreditation certificate or registered for accreditation certificate (if required at **question 18**)	☐
Evidence of practice ownership (required at **question 30**)	☐
Have you taken a copy of this application for your records?	☐

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents **online**, upload through Health Professional Online Services at **servicesaustralia.gov.au/hpos** at least **7 days before** the relevant point-in-time date.

Reset form