Australian Government
Services Australia

medicare

Practice Incentives Program and/or Workforce Incentive Program Practice Stream change of practice ownership (IP010)

When to use this form

Use this form to tell Services Australia about changes to your practice ownership for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) Practice Stream.

Do not complete this form if the practice had a complete change of ownership and the practice accreditation was not part of the sale. For more information, call **1800 222 032** (call charges may apply).

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 enquiries, 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**

If you tell us about your change of practice ownership through HPOS, we will place the practice payments on hold until you complete this form.

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 Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

MyMedicare Practices

If any of your practices are registered for MyMedicare, you will need to update your details with MyMedicare.

For more information on the organisational change requirements for MyMedicare, refer to the MyMedicare Program Guidelines available at **health.gov.au**

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.

Registered practice details

1 PIP practice ID

2 WIP Practice Stream practice ID (if different from the PIP ID)

3 Practice name

4 Full practice address – current practice address registered with us

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

5 Practice phone number (including area code)

Notification type

6 Which ownership change has occurred?

Adding or removing names to the existing ownership ☐ ***Go to 8***

Change of practice ownership (complete change of practice ownership) ☑ ***Go to 7***

Complete change of practice ownership

7 Date of ownership change (DD MM YYYY)

You **must** provide evidence to confirm the change of ownership. The evidence must confirm the date the ownership changed.

This is in addition to evidence confirming the selected ownership type.

Go to 9

Adding or removing owners from existing ownership

Complete this section if the existing ownership of the practice wants to add or remove owners/partners/associates or representatives.

You will need to **provide evidence to support the change in the practice ownership structure**. Refer to question 9 to see what evidence is required.

All owners being added must sign the declaration, along with at least one existing registered owner.

8 List the owners you want to add or remove from the practice ownership

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

Family name

First given name

Remove ☐

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

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

Family name

First given name

Remove ☐

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

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

Family name

First given name

Remove ☐

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

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

Family name

First given name

Remove ☐

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

If you have more than 4 practice owner changes, provide a separate sheet with details.

Go to 9

Practice ownership and evidence requirements

9 Indicate your practice's ownership structure type:

You will need to provide evidence to support your answer to this question. The evidence you need to provide is 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.

10 Practice name (if different to question 3)

Company name

Trading name

Practice ABN

Ownership address (if different to question 4)

Postcode

Postal address (if applicable)

Postcode

11 Practice phone number (including area code) (if different to question 5)

Practice email

12 Practice type

Tick one only

General practice ☐
Aboriginal Medical Services (AMS) ☐
Aboriginal Community Controlled Health Services (ACCHS) ☐

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 by post. If you elect to receive correspondence through HPOS, you must check your message centre regularly.

Do you want to receive all written correspondence through HPOS?

No ☐ I want to receive all written correspondence by post.
Yes ☐

14 What type of ownership change are you requesting?

Complete change of ownership ☐ ***Go to 15***
Part change of ownership ☐ ***Go to 19***

Eligibility requirements

Complete this section to confirm the practice remains eligible for the PIP and/or the WIP Practice Stream.

15 Does your practice have current public liability insurance cover of at least $10 million?

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

Yes ☐ Give details below

Public liability insurance company name

Expiry date (DD MM YYYY)

Policy number

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

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

Yes ☐

17 Does your practice employ or otherwise retain the services of an eligible health professional as specified in the WIP Practice Stream Guidelines?

The guidelines are available at **servicesaustralia.gov.au/practicestream**

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

Yes ☐

N/A ☐ PIP only practice

18 It is an eligibility requirement of the PIP and the WIP Practice Stream that the practice is accredited or registered for accreditation.

Was the practice accreditation included in the sale?

No ☐ **Stop**, do not complete this form.
Call **1800 222 032** for more information.

Yes ☐ Provide a copy of the current accreditation certificate. Details on the certificate need to match your new practice ownership details.

If your practice is registered for the eHealth Incentive, you will need to log in through HPOS to view your minimum Shared Health Summary upload target for the payment quarter. If your practice will not meet the requirements for the current payment quarter, you will need to opt out or withdraw from the eHealth Incentive online by the relevant point-in-time date.

Practices should also update their Healthcare Provider Identifier - Organisation (HPI-O) online if this has changed as a result of the change of practice ownership.

Bank account details

All incentive payments are made through electronic funds transfer (EFT). You must nominate an account that can accept EFT deposits. If you have requested to update your bank account details, we will call you to confirm the details.

19 Have the bank account details for the practice changed?

No ☐

Yes ☐ Give details below

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

We will contact you to confirm the change to the practice's banking details.

Ceasing a general practitioner or nurse practitioner

20 List all general practitioners or nurse practitioners who have ceased working at the practice.

General practitioner or nurse practitioner 1

Family name

First given name

Provider number

Date ceased working at the practice (DD MM YYYY)

General practitioner or nurse practitioner 2

Family name

First given name

Provider number

Date ceased working at the practice (DD MM YYYY)

If more than 2 general practitioners or nurse practitioners details are required, provide a separate sheet with details.

If a general practitioner or nurse practitioner has joined the practice because of the change in ownership, you will need to complete a **Practice Incentives Program and/or Workforce Incentive Program Practice Stream individual general practitioner or nurse practitioner details (IP003)** form for each practitioner who joined the practice. If you do not have this form, go to **servicesaustralia.gov.au/forms**

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 the 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 make 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 the 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**

21 List the current authorised contact persons for the practice.

For a **complete change of ownership** all registered **authorised contact persons** on the practice profile **will be removed**.

If you do not complete this question, the practice owners will be listed as the authorised contacts.

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)

If you have more than 3 authorised contact persons to change, provide a separate sheet with details. A maximum of 5 authorised contacts can be registered for the practice.

Checklist

22 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.

If you are not sure, check the question to see if you should provide the documents.

Evidence to confirm the ownership change (if you answered at **question 7**)	☐
Evidence to confirm the ownership type and owners (as required at **question 9**)	☐
Current practice accreditation or registered for accreditation certificate (if you answered Yes at **question 18**)	☐

Privacy notice

23 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive 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 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 – new practice owner(s)

24 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 ▶

25 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 the 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

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

Sole director ☐

Signature

On completion, insert digital signature or print and sign.

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

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) (you **must** date this declaration)

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) (you **must** date this declaration)

If there are additional owners the practice wants to include for the purposes of the PIP and the WIP Practice Stream, provide a separate sheet with details.

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