



Practice Incentives Practice closure or withdrawal (IP007)

When to use this form

Use this form to notify Services Australia if your practice or practice branch has closed or would like to withdraw from the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

Important information

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 are unable to do this using HPOS, you can complete this form and fax it to us for manual processing.

Only practice branches can be closed through HPOS.

To close or withdraw the main practice, complete this form and fax it to us for manual processing.

For more information

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

If you need assistance completing this form, call **1800 222 032** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Note: Call charges may apply.

or

Email pip@servicesaustralia.gov.au or wippractice@servicesaustralia.gov.au

Note: There may be risks with sending personal information through unsecured networks or email channels.

Filling in this 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. You do not need to answer the questions in between.

Practice details

- 1** The practice is notifying of a closure or withdrawal in the:
- Tick ALL that apply**
- PIP
- WIP - Practice Stream

- 2** PIP practice ID

- 3** WIP - Practice Stream practice ID

- 4** Australian Business Number (ABN)

- 5** Practice name

- 6** Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of services per annum.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

- 7** Practice phone number

Practice fax number

Practice email

Notification type

8 The practice is notifying of a:

Practice closure **Go to 9**

Practice withdrawal **Go to 15**

Practice closure

9 If a main PIP and/or WIP - Practice Stream location closes, any practice branches attached to the main location will also be closed.

Which location has closed?

Main practice **Go to 12**

or

Practice branch

10 Practice name – practice branch

11 Full practice address – practice branch address

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

12 Date the practice or practice branch ceased operating

13 Forwarding postal address (if main practice location has closed)

Postcode

14 Forwarding practice phone number (if main practice location has closed)

Forwarding practice fax number (if main practice location has closed)

Forwarding practice email (if main practice location has closed)

Go to 16

Practice withdrawal

- 15
- PIP consenting practices withdrawing from the PIP will also be withdrawn from the WIP - Practice Stream.
 - Individual practice branch locations are unable to be withdrawn.
 - If an individual practice branch location is withdrawing from the PIP and/or the WIP - Practice Stream, complete the **Practice closure** section of this form.

Which program would you like to withdraw your practice from?

Tick ALL that apply

PIP

WIP - Practice Stream

Privacy notice

16 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 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 servicessaustralia.gov.au/privacy

Declaration

Only **registered owners** for the PIP and/or the WIP - Practice Stream can sign the declaration.

If there are multiple practice owners, the signatures of 2 practice owners are required.

17 I/We agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I/We declare that:

- the information provided in this form and in the supporting documentation is complete and correct.

I/We understand that:

- the Australian Government Department of Health may conduct program audits of a practice's compliance with eligibility requirements for payments under the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- the practice is required to retain practice documentation for a minimum of 6 years.
- I/we may be required to provide information to the Australian Government Department of Health as evidence of the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements.
- if I/we cannot provide information as requested by the Australian Government Department of Health, to establish the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements, payments may be reduced, recovered, suspended or ceased.
- if I/we do not notify Services Australia of changes to practice arrangements and authorised contact person(s), incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream may be reduced, recovered, suspended or ceased.
- giving false or misleading information is a serious offence.

Individual/Partner/Associate/Representative 1

Dr Mr Mrs Miss Ms Other

Family name

First given name

Position held

Signature

Date

Partner/Associate/Representative 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

Position held

Signature

Date

Returning your form

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

Fax the completed form and copies of supporting documentation to **1300 587 696** for manual processing **at least 7 days** before the relevant point-in-time date.