



General Practitioner Aged Care Access Incentive Payment banking details (IP011)

When to use this form

Use this form to notify Services Australia of new or amended bank account details for the Practice Incentives Program (PIP) General Practitioner Aged Care Access Incentive.

For more information

Go to servicesaustralia.gov.au/pip

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

Call charges may apply.

or

Email pip@servicesaustralia.gov.au

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

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

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

Provider's details

1 Provider number

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Address

 Postcode

4 Postal address (if different to above)

 Postcode

5 Phone number

Mobile phone number

Fax number

Email

Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT.

6 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

7 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).

Your personal information will be disclosed to the Australian Government Department of Health to enable that department to administer aspects of PIP, 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

8 I agree to:

- advise Services Australia in writing of any changes to my arrangements by **no later than 7 days** before the relevant point-in-time date.

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Provider's name

Provider's signature

Date

Returning this form

Return the completed form and supporting documents:

- by fax to: **1300 587 696**