

When to use this form

Use this form to request a review of decision for changes in practice payment(s), changes of practice status (closed or withdrawn), changes in eligibility or other reviews for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

The authorised contact person or owner(s) of the practice must complete this form and provide any supporting documentation to Services Australia **within 28 days** of receiving the decision from us to be reviewed.

The authorised contact person must be authorised by the owner(s) of the practice to advise Services Australia of changes.

Important information

Services Australia review requests in accordance with the eligibility criteria set out in the PIP and the WIP Program Guidelines and payment formulas established by the Australian Government Department of Health. Services Australia will advise the practice in writing of the review outcome.

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.

Practice details

1 The practice is requesting a review for 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

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

7 Practice phone number

 ()

Practice fax number

 ()

Practice email

8 Postal address (if different to question 6)

Postcode

Declaration

14 I declare that:

- I have read and understood the relevant program guidelines.
- the information provided in this form and in the supporting documentation is complete and correct.

I 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 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 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 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

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Position held					
<input type="text"/>					
Signature					Date
<input type="text"/>					<input type="text"/>

or

Authorised contact person

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Signature					Date
<input type="text"/>					<input type="text"/>

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** within **28 days** of receiving the decision from us to be reviewed.