



Practice Incentives Practice closure or withdrawal (IP007)

When to use this form

Use this form to tell us that:

- your practice or practice branch has closed
- you 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 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 cannot update your practice details using HPOS, you can complete this form.

Only practice branches can be closed through HPOS.

To close or withdraw the main practice, complete this form.

For more information

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

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

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

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.

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 Practice name

5 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

6 Practice phone number (including area code)

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 consent to Services Australia:

- disclosing information, including personal information, to the Australian Government Department of Health and Aged Care, other relevant agencies or as authorised or required by law.

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 and Aged Care 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.
- the practice may be required to provide information to the Australian Government Department of Health and Aged Care 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 and Aged Care, 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.

Dr Mr Mrs Miss Ms Other

Family name

First given name

Position held

Signature

Date (DD MM YYYY)

Dr Mr Mrs Miss Ms Other

Family name

First given name

Position held

Signature

Date (DD MM YYYY)

Returning your form

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