



Practice Incentives

Additional practice branch (IP025)

When to use this form

Use this form to link an additional practice branch to a main practice address in the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

Additional practice branch requirements

To be considered as 1 practice, 1 or more general practitioners must provide Medicare Benefit Schedule (MBS) services at both the main practice address and the additional practice branch.

All practitioners at the practice branch are required to maintain current professional indemnity cover.

Practice branches providing 3,000 or more services per annum need to be accredited, or registered for accreditation in their own right, and maintain accreditation thereafter.

Documentary evidence of accreditation status (accredited or registered for accreditation certificate) must be provided for each practice branch providing 3,000 or more services per annum wanting to participate in the PIP and/or the 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.

A separate form must be completed for each additional practice branch.

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 an additional practice branch 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

Additional practice branch details

8 Practice name – additional practice branch

9 Full practice address – additional practice branch

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State

Postcode

Eligibility requirements

10 Do 1 or more general practitioners from the main practice address also practise at the additional practice branch(es)?

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

Yes

11 Do all practice general practitioners and nurse practitioners at the additional practice branch have current professional indemnity cover?

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

Yes

12 Does your additional practice branch provide more than 3,000 services per annum?

No **Go to 15**

Yes

13 It is a requirement of the PIP and the WIP - Practice Stream that the additional practice branch is accredited or registered for accreditation.

Is your additional practice branch accredited under the Royal Australian College of General Practitioners (RACGP) Standards for general practice?

No

Yes  Provide a copy of your current additional practice branch accreditation certificate.

► **Go to 15**

14 Is your additional practice branch registered for accreditation under the RACGP Standards for general practice?

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

Yes  Provide a copy of your current additional practice branch registered for accreditation certificate.

General practitioner and nurse practitioner details

15 Provide details for all general practitioners and nurse practitioners currently working at the additional practice branch indicated at question 9.

General practitioner or nurse practitioner details 1

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Start date at the additional practice branch

General practitioner or nurse practitioner details 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Start date at the additional practice branch

General practitioner or nurse practitioner details 3

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Start date at the additional practice branch

If more than 3 general practitioners or nurse practitioners details are required, provide a separate sheet with details.



Return a completed **Practice Incentives Individual general practitioner, nurse practitioner or health professional details** form (IP003) for each new general practitioner or nurse practitioner working at the additional practice branch.

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 servicesaustralia.gov.au/privacy

Declaration

17 I 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 declare that:

- the information provided in this form and in the supporting documentation is complete and correct.
- the practice meets all the eligibility requirements for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream as set out in the relevant guidelines.
- the practice meets all the eligibility requirements set out in the relevant Practice Incentives Program individual incentive guidelines.

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.
- the authorised contact person will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes.
- the practice will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- 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** for manual processing **at least 7 days** before the relevant point-in-time date.