

When to use this form

Use this form if you disagree with a program decision made under the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

The authorised contact person or owner of the practice must complete this form and provide any supporting documentation to Services Australia **within 28 calendar days** of the decision.

Important information

Services Australia review requests in accordance with the eligibility criteria set out in the PIP and/or the WIP - Practice Stream program guidelines and payment formulas established by the Australian Government Department of Health and Aged Care. Decisions are based on the published guidelines at the time of the original decision.

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.

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.

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 (including area code)

Practice fax number (including area code)

Practice email

8 Postal address (if different to question 6)

Postcode

Review of decision details

9 What was the decision and why do you disagree?

Provide supporting documentation and refer to relevant program guidelines in your response.
Services Australia may request further information regarding your request.

Large text entry area with horizontal dotted lines for writing.

If you need more space, provide a separate sheet with details.

Privacy notice

10 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 Aged Care 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/privacypolicy

Declaration

11 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 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 the Workforce Incentive Program - Practice Stream eligibility requirements.
- if the practice 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.
- Services Australia may provide information (which may include identifying information) relating to this application to the Australian Government Department of Health and Aged Care for statistical, program compliance, research and policy development purposes.
- If the practice does 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(s) 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.
- all forms completed by an authorised person will be taken to be completed on behalf of the practice.
- giving false or misleading information is a serious offence.

Registered practice owner/Authorised contact person

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature

Date (DD MM YYYY)

Returning this form

Return the completed form and supporting documents within **28 calendar days** of the decision:

- **online**, upload through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos
- fax to 1300 587 696