

# Practice Incentives

## Practice ownership details and declaration (IP008)

### When to use this form

Complete this form to confirm the practice details provided in your Practice Incentives Program (PIP) or Workforce Incentives Program (WIP) - Practice Stream on-line application.

### Important information

All owners/representative listed in your on-line application must sign the declaration or they will not be accepted.

The information provided in this form must match your on-line application. If the details in your application have changed since it was submitted, you must confirm these changes in writing.

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. Lodgements through HPOS are effective immediately.

### Benefits of becoming a PIP consenting practice

If your practice is already participating in the PIP and applying for the WIP - Practice Stream, you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP - Practice Stream:

- practice name and main address
- eligibility details, such as accreditation, public liability insurance and indemnity insurance
- bank account details
- contact details
- location details
- ownership details
- general practitioner details
- your Standardised Whole Patient Equivalent (SWPE).

When you have become a PIP consenting practice, your practice IDs will become identical and you will only need to update your practice details in your PIP profile. You will not need to make the same updates to your WIP - Practice Stream profile.

### For more information

Go to [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](http://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** PIP application number

**Go to 3**

or

WIP - Practice Stream application number

If you are applying for the PIP and the WIP - Practice Stream, you must wait for your practice to be approved for the PIP before completing your WIP - Practice Stream application online.

**2** Does your practice consent to use the PIP practice information for the WIP - Practice Stream?

No

Yes  **PIP practice ID**

N/A  my practice does not participate in the PIP / I am not applying for the PIP

**3** Practice name

**4** Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of MBS services per year.

Building name

Unit  Suite  Shop  Floor number

Street number


Street name

Suburb

State

Postcode

## Practice ownership details

- 5  We need to confirm the ownership type selected in your on-line application. You must provide evidence to support your selection. You can find information about acceptable evidence below.

Indicate your practice's ownership structure type:

**Tick one only**

### Individual proprietor/sole trader

We will use the ABN lookup to confirm your details. If we need more information from you, we will let you know.

### Partnership

Your practice must provide a copy of the partnership agreement.

The declaration must be completed by at least 2 partners who are owners of the practice.

### Company

Your practice must provide a copy of the Current Company Extract which is available from Australian Securities and Investments Commission (ASIC).

The declaration must be completed by at least one director listed in the Current Company Extract.

### Trust

Your practice must provide a copy of the Trust deed.

If the trustee is a company, you must also provide a copy of the Current Company Extract from the company which is available from ASIC.

The declaration must be completed by the trustee. Where the trustee is a company at least one director listed in the Current Company Extract must sign the declaration.

### Body Corporate

Your practice must provide a copy of the Current Company Extract which is available from ASIC.

Provide evidence to show the officers who signed this form are authorised officers. This could be a copy of the Current Company Extract which is available from ASIC.

The declaration must be completed by at least 2 representatives of the body corporate ownership of the practice. Where the company operates under a sole directorship, tick 'Sole director' at the declaration.

### State or territory government or other public body (including Aboriginal Medical Services)

Your practice must provide a letter signed by the Chief Executive Officer (CEO) or equivalent, confirming the persons that have signed the declaration as the owners at question 9 are authorised to represent the organisation.

The declaration must be completed by at least 2 officers of the government or other authorised public body.

Penalties exist under law for giving false or misleading statements or information.

- 6 Did you provide a copy of your current accreditation certificate or registered for accreditation certificate with your online application?

No



Provide a copy of your current accreditation or registered for accreditation certificate.

Yes

## 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) 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](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 8 I/We consent to Services Australia:

- providing payment advice(s) showing how the Practice Incentives Program and the Workforce Incentive Program - Practice Stream payments are calculated for the practice to the nominated authorised contact person.
- 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 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.
- advise Services Australia **within 7 days** of the change or **at least 7 days** before the point-in-time date, if the required number of procedural services in a 6 month reference period have not been provided (if applicable).
- the authorised contact person(s) to act on behalf of the practice in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.

#### I/We declare that:

- the information provided in the on-line application and in the supporting documentation is complete and correct.
- the practice meets all the eligibility requirements for the Practice Incentives Program and the Workforce Incentive Program - Practice Stream as set out in the relevant guidelines.
- the practice meets all the eligibility requirements for the Practice Incentives Program individual incentives as set out in the relevant guidelines.

#### 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.
- I/we 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 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.
- 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 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.

### 9 All owners/representatives listed in your on-line application must sign the declaration.

Only owners/representatives registered on the practice profile and signing this form will be able to notify changes to practice arrangements in the future.

Providing the owners/representatives PRODA Registration Authority (RA) number will allow access to PIP and WIP - Practice Stream online.

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
RA number (for PIP and WIP - Practice Stream Online access)						
<input type="text"/>						
Sole director <input type="checkbox"/>						
Signature						
<input type="text"/>						
Date (DD MM YYYY)						
<input type="text"/>						

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
RA number (for PIP and WIP - Practice Stream Online access)						
<input type="text"/>						
Signature						
<input type="text"/>						
Date (DD MM YYYY)						
<input type="text"/>						

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

RA number (for PIP and WIP - Practice Stream Online access)

Signature

Date (DD MM YYYY)




Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

RA number (for PIP and WIP - Practice Stream Online access)

Signature

Date (DD MM YYYY)




Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

RA number (for PIP and WIP - Practice Stream Online access)

Signature

Date (DD MM YYYY)




If there are more than 5 owners, provide a separate sheet with details.

## Checklist

### 10 Have you provided:

Evidence to confirm the practice ownership type	<input type="checkbox"/>
Your current accreditation or registered for accreditation certificate	<input type="checkbox"/>

### Returning your form

Return the completed form and supporting documents:

- in the Associated Documents section of your **online application** before submitting your application
- through HPOS at **servicesaustralia.gov.au/hpos** **at least 7 days** before the relevant point-in-time date.