Australian Government
Services Australia

medicare

Practice Incentives
Change of practice ownership (IP010)

When to use this form

Use this form to tell us about changes to your practice ownership for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

Do not complete this form if the practice had a complete change of ownership and the practice accreditation was not part of the sale. Call **1800 222 032** for more information.

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 tell us about your change of practice ownership through HPOS, we will place the practice payments on hold until you 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.

Current registered practice details

1 The practice has changed ownership 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 MBS services per year.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

7 Practice phone number (including area code)

Notification type

8 Which ownership change has occurred?

Adding or removing names to the existing ownership ☐ ***Go to 9***

Change of practice ownership (complete change of practice ownership) ☐ ***Go to 10***

Adding or removing owners from existing ownership

Complete this section if the existing ownership of the practice wants to add or remove owners/partners/associates or representatives.

You will need to **provide evidence to support the change in practice ownership**. Based on your practice structure the evidence required may vary. Refer to question 11 to see what evidence is required.

All owners being added must sign the declaration, along with at least one existing registered owner.

9 List the owners you want to add or remove from the practice ownership

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Position held

Remove ☐

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

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Position held

Remove ☐

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

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Position held

Remove ☐

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

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Position held

Remove ☐

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

If you have more than 4 practice owner changes, provide a separate sheet with details.

Go to 20

New practice ownership details

Provide evidence to confirm the change of ownership and date the ownership changed.

10 Date of change (DD MM YYYY)

11 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, this should be indicated by checking the sole director box 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 25 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.

12 New practice name (if different to question 5)

New company name

New trading name

New practice ABN

New ownership address (if different to question 6)

Postcode

New postal address (if applicable)

Postcode

13 New practice phone number (including area code)

New practice email

14 New practice type

Tick one only

General Practice ☐

Aboriginal Medical Services (AMS) ☐

Aboriginal Community Controlled Health Services (ACCHS) ☐

15 You will receive correspondence from us through the HPOS messages facility. Make sure you have created a PRODA account. If you do not want to receive online correspondence it will be sent via post.

Do you want to receive all written correspondence through HPOS?

No ☐ ▶ I want to receive all written correspondence via the post.

Yes ☐

Eligibility requirements

Complete this section to confirm the practice remains eligible for the PIP and/or the WIP - Practice Stream.

16 Does your practice have current public liability insurance of at least $10 million?

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

Yes ☐

17 Do all practice general practitioners and nurse practitioners have current professional indemnity cover?

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

Yes ☐

18 Does your practice employ or otherwise retain the services of an eligible health professional as specified in the WIP - Practice Stream Guidelines?

No ☐ ▶ Your practice is **not eligible** for the WIP - Practice Stream.

Yes ☐

N/A – PIP only practice ☐

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

Was the practice accreditation included in the sale?

No ☐ ▶ **Stop**, you should not be using this form. Call **1800 222 032** for more information.

Yes ☐ ▶ Provide a copy of the current accreditation certificate. Details on the certificate need to match your new practice ownership details.

If your practice is registered for the eHealth Incentive, you will need to login through HPOS to view your minimum Shared Health Summary upload target for the payment quarter. If your practice will not meet the requirements for the current payment quarter, you will need to opt out or withdraw from the eHealth Incentive online by the relevant point-in-time-date.

Practices should also update their Healthcare Provider Identifier - Organisation (HPI-O) online if this has changed as a result of the change of practice ownership.

Bank account details

All Incentive payments are made through Electronic Funds Transfer (EFT). Incentive payments for the PIP and the WIP - Practice Stream **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

20 Have the bank account details for the practice changed?

No ☐

Yes ☐ ▶ Give details below

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Ceasing a general practitioner or nurse practitioner

21 List all general practitioners or nurse practitioners who have ceased working at the practice.

General practitioner or nurse practitioner 1

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Provider number

Date ceased working at the practice (DD MM YYYY)

General practitioner or nurse practitioner 2

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Provider number

Date ceased working at the practice (DD MM YYYY)

If more than 2 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 (IP003)** form for each general practitioner or nurse practitioner who has joined the practice as a result of the change to the practice ownership.

Authorised contact person(s)

The authorised contact person(s) must be nominated by the owner(s) of the practice to act on behalf of the practice in relation to the Incentive Programs and will receive all correspondence from us in relation to the Incentive Programs.

Changes to practice arrangements can impact on your practice's eligibility to participate in the PIP and the WIP - Practice Stream and/or the calculation of incentive payments.

All correspondence will be sent to the primary authorised contact person. Correspondence will be sent to your HPOS mailbox or your postal address based on your communication preference. The owner(s) and authorised contact person(s) are responsible for telling us about changes:

- online, by accessing HPOS at **servicesaustralia.gov.au/hpos** Most changes made through HPOS are effective immediately and therefore can be made up to and on the relevant point-in-time date, or
- offline, by completing the relevant form available at **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream** and submitting as per the instructions on the form for manual processing **at least 7 days** before the relevant point-in-time date.

If the authorised contact person(s) has a PRODA account, provide the Registration Authority (RA) number in the space below.

The RA number will be used to allow access to PIP and WIP - Practice Stream Online.

A practice may nominate up to 5 authorised contact persons.

22 Do you want to add or remove an authorised contact person?

No ☐

Yes ☐ Give details below

Primary authorised contact person

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Remove ☐

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

Authorised contact person

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Remove ☐

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

Authorised contact person

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Remove ☐

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

If you have more than 3 authorised contact persons to change, provide a separate sheet with details.

Privacy notice

23 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**

New practice owner(s) declaration

24 I/We consent to Services Australia:

- providing payment advice(s) showing how the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream payment(s) 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 nominated authorised contact person(s) nominated to act on behalf of the practice in relation to the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream.

I/We declare that:

- the information provided in this form and in the supporting documentation is complete and correct.
- the practice meets 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 the eligibility requirements as set out in the relevant Practice Incentives Program individual incentive 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.
- 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 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.
- 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/or the Workforce Incentive Program - Practice Stream.
- giving false or misleading information is a serious offence.

25 This section must only be completed by the owners of the practice and those that are listed in the evidence provided to support the practice ownership detail.

Only owners who list their details and sign this declaration will be able to notify changes to practice arrangements in the future.

If the person has a PRODA account, provide the Registration Authority (RA) number in the space provided below.

The RA number will be used to allow access to PIP and WIP - Practice Stream Online.

Practice owners

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

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

Sole director ☐

Signature

On completion, insert digital signature or print and sign.

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

On completion, insert digital signature or print and sign.

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

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

If there are additional owners the practice wants to include for the purposes of the PIP and the WIP - Practice Stream, provide a separate sheet with details.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

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.

Reset form