

# Practice Incentives Program Teaching Payment claim (IP006)

## When to use this form

Use this form to claim payments for the Practice Incentive Program (PIP) Teaching Payment.

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

If you cannot claim using HPOS, you can submit your completed form to us for processing. You must return all pages of the form. The university must complete the university certification before the first teaching session. All declaration signatures must be dated.

Practices must retain:

- a copy of the completed and signed teaching payment claim form for all claims submitted through HPOS
- all copies for 6 years.

## For more information

Go to [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip)

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.

## Practice details

### 1 PIP Practice ID

### 2 Practice name

### 3 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

### 4 Practice phone number (including area code)

## University certification

The university **must** complete and sign this section **before** the first session takes place.

Claims that do not provide evidence of prior agreement with the university may be ineligible for payment.

This section is to certify the student is enrolled in an eligible medical course at an Australian based campus of the university at question 7, aimed at preparing the student for the Australian medical profession.

### 5 Student's name

Family name

First given name

### 6 Student ID

### 7 University name

### 8 University stamp

### 9 University representative's full name

University representative's signature























Date (DD MM YYYY)

Contact phone number (including area code)

## Teaching sessions

### 10 Read this before completing the following table

Eligible teaching sessions must be **at least 3 hours in length**. You can claim a maximum of 2 teaching sessions per general practitioner (GP) per day. You must clearly write the supervising GP's name and the number of teaching sessions for each date.

Date of session(s) (DD MM YYYY)	Number of sessions	General practitioner's name	General practitioner's signature
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			

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

## Privacy notice

- 11** 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).

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care to enable that department to administer aspects of PIP, 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 [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

## Declaration

### 12 Student's declaration

The student's declaration **must** be completed **after** the last teaching session took place. Teaching sessions provided after the student's declaration date may be ineligible for payment.

#### I declare that:

- these teaching sessions were provided to me.
- the information I have provided in this form is complete and correct.

#### I understand that:

- giving false or misleading information is a serious offence.

Student's signature

Date (DD MM YYYY)

### 13 Practice declaration

The Practice declaration must be completed by an authorised contact person or practice owner registered with us.

#### 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 practice meets all the eligibility requirements for the Practice Incentives Program Teaching Payment as set out in the guidelines.
- these teaching sessions were provided by our practice.
- the information provided in this form 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 the Practice Incentives Program eligibility requirements.

- 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 and Aged Care and/or Services Australia as evidence of the practice's compliance with the Practice Incentives Program eligibility requirements.
- if I cannot provide information as requested by the Australian Government Department of Health and Aged Care and/or Services Australia, to establish the practice's compliance with the Practice Incentives Program 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 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.
- giving false or misleading information is a serious offence.

#### Registered practice owner or authorised contact person

Family name

First given name

Signature

Date (DD MM YYYY)

#### Returning this form

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

Return this form, including all pages, **online**, upload through HPOS at [servicessaustralia.gov.au/hpos](https://servicessaustralia.gov.au/hpos)