

### 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 one practice, one 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 MBS services per year 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.

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

If you are unable to do this using HPOS, you can complete this form.

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

### 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 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.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## PART A — 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** Practice name

**5** 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

**6** Practice phone number (including area code)

## PART B — Additional practice branch details

- 7 Practice name – additional practice branch
- 8 Full practice address – additional practice branch
- Building name
- Unit  Suite  Shop  Floor number
- Street number
- Street name
- Suburb
- State  Postcode

### Eligibility requirements

- 9 Do one or more general practitioners from the main practice address also practise at the additional practice branch?
- No  Your additional practice branch is **not eligible** for the PIP and/or the WIP - Practice Stream.
- Yes
- 10 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  Make sure you complete Part C for a general practitioner or nurse practitioner that is registered at the main location and the practice branch.
- 11 Does your additional practice branch provide 3,000 or more MBS services per year?
- No  **Go to Part C**
- Yes
- It is a requirement of the PIP and the WIP - Practice Stream that the additional practice branch that provide 3,000 or more MBS services per year are independently accredited.
- 12 Is your additional practice branch accredited or registered for accreditation under the Royal Australian College of General Practitioners (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 accreditation or registered for accreditation certificate.

## PART C — Individual general practitioner or nurse practitioner details and declaration

A separate **Part C** (pages 2 and 3) **must** be completed by each general practitioner **and** nurse practitioner currently working at the additional practice branch. Additional copies of **Part C** will be accepted if attached to this completed form.

- 13 Full name of general practitioner or nurse practitioner
- 14 Do you have current professional indemnity cover?
- No  You are **not eligible** for the PIP and/or the WIP - Practice Stream.
- Yes
- 15 Provider number - additional practice address (see question 8 for location)
- Start date - additional practice address (DD MM YYYY)
- 16 Would you like to Register as a procedural general practitioner?
- No  **Go to 19**
- Yes

### Procedural general practitioner details

To be eligible for the PIP Procedural General Practitioner Payment, the **main** practice address **must be located** in a Rural, Remote and Metropolitan Areas (RRMA) classification 3–7 and meet the requirements in the **PIP Procedural General Practitioner Payment guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

- 17 Are you a procedural general practitioner and do you want this practice to receive the PIP Procedural General Practitioner Payment?
- A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics. The PIP Procedural General Practitioner Payment can only be made to one practice per 6 month reference period per procedural general practitioner. If you want this practice to receive the PIP Procedural General Practitioner Payment, indicate the provider number to be used below that is associated with this practice.
- No  **Go to 19**
- Yes  Provider number

**18** Tick the tier level you met, noting the requirements for each level:

Tick one only

- Tier 1** I provide at least one procedural service in the 6 month reference period. Read the **PIP Procedural General Practitioner Payment guidelines** for the definition of a procedural service.
- Tier 2** I meet the Tier 1 requirements and provide procedural services after hours (as defined in the **PIP Procedural General Practitioner Payment guidelines**) on a regular or rostered basis throughout the entire 6 month reference period.
- Tier 3** I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the 6 month reference period.
- Tier 4** I meet the Tier 2 requirements and deliver 10 or more babies in the 6 month reference period.

Start date (DD MM YYYY) (if different to question 15)

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Contact us if you are a single general practitioner practice and may not meet the requirements of Tier 4, but expect to meet the obstetric needs of your community.

General practitioners are individually assessed. Practices with more than one procedural general practitioner cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the point-in-time date for the 6 monthly payments, read the **PIP Procedural General Practitioner Payment guidelines**.

We must be advised **at least 7 days** before the relevant point-in-time date, if the required number of procedural services have not been provided in the 6 month reference period.

## Privacy notice

**19** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of Practice Incentives Program (PIP) and/or Workforce Incentives 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 the 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

**20** I consent to:

- the owner and/or authorised contact person(s) informing Services Australia of any changes to my arrangements on my behalf, **within 7 days** of the change or **at least 7 days** before the point-in-time date.

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:

- I have not claimed procedural services at another practice.
- the information I have provided in this form is complete and correct.

I understand that:

- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide reports regarding information on this application and services provided by me to the authorised contact person.
- giving false or misleading information is a serious offence.

**General practitioner or nurse practitioner**

Family name

First given name

Signature

Date (DD MM YYYY)

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► **Go to Part D**

# PART D — Practice declaration

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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 [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

## Declaration

**22** 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 any supporting documentation is complete and correct.
- I will adhere to 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 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 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 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 I 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 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.

### Owner/authorised contact

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 and any supporting documents **at least 7 days** before the relevant point-in-time date **online**, upload through HPOS at [servicessaustralia.gov.au/hpos](https://servicessaustralia.gov.au/hpos)