



Practice Incentives Program Change to authorised contact person(s)

Important information

Complete this form to change the details of the authorised contact person(s) for correspondence and phone enquiries relating to your Practice Incentives Program (PIP) practice.

Assistance

If you need assistance completing this form call **1800 222 032** (call charges may apply) between 8.30am and 5.00pm ACST, Monday to Friday. For more information go to www.medicareaustralia.gov.au > **For health professionals > Incentives and Allowances > Practice Incentives Program (PIP)** or email pip@medicareaustralia.gov.au

Lodgement

Send the completed form to:
Practice Incentives Program
GPO Box 2572
Adelaide SA 5001

or fax to: **08 8274 9352**

Print in **BLOCK LETTERS**

Tick where applicable

Practice details

1 Practice identification number

2 Practice name

3 Address

Postcode

4 Postal address (if different from above)

Postcode

5 Phone number

Fax number

Email

@

6 I want to add an additional authorised contact person(s) to the practice profile?

No **Go to 7**

Yes Provide details below

1 Authorised contact person's full name

Authorised contact person's signature

Start date

2 Authorised contact person's full name

Authorised contact person's signature

Start date

3 Authorised contact person's full name

Authorised contact person's signature

Start date

4 Authorised contact person's full name

Authorised contact person's signature

Start date

If you have more than four new authorised contact people, attach a separate sheet with details.

7 I want to remove a current authorised contact person(s) from the practice profile?

No **Go to 8**

Yes Provide details below

1 Authorised contact person's full name

End date

2 Authorised contact person's full name

End date

3 Authorised contact person's full name

End date

Declaration

All practice owners must sign the declaration to authorise changes. If the practice is owned by a body corporate the signatures of two authorised representatives are required.

8 I understand that:

- providing false or misleading information is an offence under Part 7.4 of the *Criminal Code Act 1995*
- it is an offence under the *National Health Act 1953* to make a false statement in relation to an application.

I declare that:

- the information on this form is correct
- I am the practice owner and able to make changes to authorised contact persons or I am an authorised representative of a body corporate and able to make changes to authorised contact persons.

1 Individual/Partner/Associate's full name

Individual/Partner/Associate's signature

Date

2 Individual/Partner/Associate's full name

Individual/Partner/Associate's signature

Date

3 Individual/Partner/Associate's full name

Individual/Partner/Associate's signature

Date

4 Individual/Partner/Associate's full name


Individual/Partner/Associate's signature

Date

5 Individual/Partner/Associate's full name

Individual/Partner/Associate's signature

Date

 If you have more than five practice owners, attach a separate sheet with details.

Privacy note

The information on this form will be used to change the details of the authorised contact person(s) for correspondence and telephone enquiries relating to the Practice Incentive Program. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.