



Practice Incentives Program Teaching Incentive claim

Important information

Complete this claim form to notify Medicare Australia of the number of teaching sessions hosted by a Practice Incentives Program (PIP) practice.

The university is to complete questions 1 to 6 and affix a university stamp to endorse the form and forward to the appropriate practice. Practices are to complete question 7 and the declaration, then forward the signed form to Medicare Australia.

Assistance

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

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

Teaching session details

The university is to complete questions 1 through 6 and affix a university stamp in the box provided at question 5.

1 Practice name

2 Practice address

 Postcode

3 Practice phone number

 ()

6

Student's full name	Student's ID	Date of session (A session = minimum of 3 hours)	Session [†]	
			1	2
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>

[†] For only one session per calendar day please tick Session 1 or for two sessions per calendar day tick Sessions 1 and 2.

Certification by university

4 University name

5 University stamp

Practice declaration

Practice to complete.

7 Practice ID

8 I declare that:

- these teaching sessions were provided by our practice
- the information on this form is correct
- the above teaching sessions comply with the requirements of the PIP Teaching Incentive.

Authorised contact person's full name

Authorised contact person's signature

Date

 / /

Privacy note: The information provided on this form will be used to assess the practice's eligibility to receive payments under the PIP Teaching Incentive. The collection of this information is authorised by the *Medicare Australia Act 1973*. Information, including personal information, provided on this form may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.