



Practice Incentives Program Indigenous Health Incentive application

Important information

Complete this form to apply for the Practice Incentives Program (PIP) Indigenous Health Incentive. This form is only to be used by practices and Indigenous health services already registered for the PIP.

For more information, refer to the PIP Indigenous Health Incentive Guidelines.

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

Practice details

1 Practice ID

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2 Practice name

3 Address

Postcode	

Postal address (if different to above)

Postcode	

4 Phone number

Fax number

Email

@	

Eligibility requirements

5 Does your practice agree to:

- a) seek consent to register your eligible Aboriginal and/or Torres Strait Islander patients who have, or are at risk of, chronic disease with Medicare Australia in order to access support through the PIP Indigenous Health Incentive and the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure; **and**
- b) establish and use a mechanism to ensure your Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (eg. through the use of a recall and reminder system, or staff actively seeking out their patients to ensure they return for ongoing care)?

No Your practice is not eligible
 Yes

6 Does your practice agree to annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients with, or at risk of, chronic disease in the approved manner for the PBS Co-payment Measure from 1 July 2010?

Select '**N/A**' for your response to this question, if your practice is eligible to participate in the special PBS supply arrangements under Section 100 of the *National Health Act* for remote area Aboriginal Health Services.

No Your practice is not eligible
 Yes
 N/A

7 Does your practice agree to ensure that at least two staff members, one of whom must be a General Practitioner (GP), will undertake appropriate cultural awareness training within 12 months of the date of signature provided on this form? (refer to the PIP Indigenous Health Incentive Guidelines for more information).

Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives do not need to meet the cultural awareness training requirement. If this is the case select **N/A** for your response to this question.

No Your practice is not eligible
 Yes
 N/A

Declaration

8 I agree to:

- advise Medicare Australia, in writing, of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest.

I understand that:

- if this is not done, incentive payments may be reduced or recovered, and the practice's eligibility for the PIP may be affected.

I declare that:

- the information on this form is correct.

Authorised contact person's full name

Authorised contact person's signature



Date

Privacy note

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