



Practice Incentives Program Indigenous Health Incentive practice register authority

Important information

Complete this form for your practice details to be included on the Practice Incentives Program (PIP) Indigenous Health Incentive practice register.

This authority will remain valid from the date signed unless it is withdrawn in writing.

Assistance

For more information about the PIP go to www.medicareaustralia.gov.au/pip or if you need assistance completing this form call **02 6124 6767** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Eastern Standard Time.

Lodgement

Send the completed form to:

**Practice Incentives Program
Department of Human Services
PO Box 1001
TUGGERANONG DC ACT 2901**

or fax to: **02 6124 6070**

Print in **BLOCK LETTERS**

Tick where applicable

Practice details

1 Practice ID

2 Practice name

3 Practice address

 ----- ----- Postcode

4 Daytime phone number

5 Fax number

6 Division of general practice

Declaration

7 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 provided on this form will be used to place your practice on the Indigenous Health Incentive practice register. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to patients and divisions of general practice, the Department of Health and Ageing, other relevant agencies or as authorised or required by law.