

## Purpose of this form

### Patient registration

Complete Part A if you are a practice or Indigenous health service participating in the Practice Incentives Program (PIP) Indigenous Health Incentive and would like to register eligible Aboriginal and/or Torres Strait Islander patients for the Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure.

For more information about the PIP Indigenous Health Incentive cultural awareness training, health checks and a definition of a 'usual practice' and 'chronic disease', refer to the PIP Indigenous Health Incentive Guidelines available at our website

[humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) > **Incentives and Allowances > Practice Incentives Program > Forms and guidelines**

### Registration

To be registered for the PIP Indigenous Health Incentive, the patient must:

- identify as being of Aboriginal and/or Torres Strait Islander origin
- be 15 years of age or over
- have a chronic disease
- have a current Medicare card
- have had or been offered the appropriate health check for Aboriginal and Torres Strait Islanders
- provide consent that the practice is to be the patient's usual care provider and look after their chronic disease.

To be registered for the PBS Co-payment Measure, the patient must:

- identify as being of Aboriginal and/or Torres Strait Islander origin
- be of any age
- present with an existing chronic disease or chronic disease risk factor
- in the opinion of the doctor, be likely to experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine
- be unlikely to adhere to their medicines regimen without assistance through this measure.

### Patient consent

Complete the Patient consent section in Part B of this form if you are of Aboriginal and/or Torres Strait Islander origin and would like your doctor to provide better management of your chronic disease through the Practice Incentives Program (PIP) Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure.

### Register patients online:

Go to our website [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) and use your Medicare Public Key Infrastructure Certificate (PKI) to access Health Provider Online Services (HPOS).

### For more information

For more information about the PIP, go to our website [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) > **Incentives and Allowances > Practice Incentives Program** for details on the PIP guidelines refer to the **Practice Incentives Program Guidelines** at [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) > **Incentives and Allowances > Practice Incentives Programs > Forms and guidelines**

If you need assistance completing this form, email [pip@humanservices.gov.au](mailto:pip@humanservices.gov.au) or call **1800 222 032** Monday to Friday, between 8.30 am and 5.00 pm Australian Central Standard Time.

**Note:** Call charges apply from mobile phones.

### Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X
- Where you see a box like this  **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

### Returning your forms

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

**Department of Human Services  
Incentive Programs  
GPO Box 2572  
ADELAIDE SA 5001**

or

Fax: **1300 587 696**

## PIP Online

Please read this information before answering the following question

If you register the patient via PIP Online, **Part B** must be completed and retained at the practice.

Practices should only complete and return this form to Australian Government Department of Human Services (Human Services) if you are not registering the patient online.

1 Has this patient been registered for the Indigenous Health Incentive via PIP Online?

No  All parts of the form must be completed.

Yes  **Go to Part B**

## Part A – Practice details

2 Practice ID Number

3 Practice name

4 Full practice address

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

## Patient registration requirements

5 Does this patient have a chronic disease?

No  *The patient is at risk of a chronic disease and can **only** be registered for the PBS Co-payment Measure.*

Yes  *The patient can be registered for the Indigenous Health Incentive and PBS Co-payment Measure.*

Annual re-registration for the PBS Co-payment Measure is not required. However, the patient must be re-registered annually for the PIP Indigenous Health Incentive.

6 Has this patient had, or been offered, the appropriate health check for Aboriginal and Torres Strait Islander Australians?

No  *The patient can not be registered for the Indigenous Health Incentive, but will be registered for the PBS Co-payment Measure.*

Yes  *The patient can be registered for the Indigenous health Incentive and the PBS Co-payment Measure.*

If the patient is under 15 years, they are not eligible to be registered for the Indigenous Health Incentive but may be eligible for the PBS Co-payment Measure. Eligible patients will be registered for the PBS Co-payment Measure.

## Part B – Patient details

7 Medicare card number

 -  -  Ref no. 

8 Dr  Mr  Mrs  Miss  Ms  Other

Patient's family name

Patient's first given name

Patient's other given name(s)

9 Patient's date of birth

10 Patient's sex

Male

Female

11 Is the patient of Aboriginal or Torres Strait Islander origin?

If the patient is of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.

No  *The patient can not be registered for the Indigenous Health Incentive or the PBS Co-payment Measure.*

Yes – Aboriginal

Yes – Torres Strait Islander

## Patient consent

12 I want the practice written on this form to be my usual care provider and look after my chronic disease **and/or** chronic disease risk factor.

No  *You can not be registered for the Indigenous Health Incentive at this practice.*

Yes

13 I have been told how participation in the PIP Indigenous Health Incentive will help my practice provide better care for my chronic disease. I understand what I have been told, and want this practice to register me for this program.

No  *You can not be registered for the Indigenous Health Incentive at this practice but will be registered for the PBS Co-payment Measure if eligible.*

Yes

14 I have been told how participation in the PBS Co-payment Measure will make my PBS medicines cheaper. I understand what I have been told, and I want this practice to register me for this program.

No  *You will not be registered for the PBS Co-payment Measure at this practice.*

Yes

## Privacy notice

### 15 Your personal information is protected by law, including by the *Privacy Act 1988*.

Personal information and other information about a practice that is participating in the Practice Incentives Program (PIP), or is applying to participate in the PIP, is collected by the Australian Government Department of Human Services for the assessment and administration of PIP payments and services. This information will be disclosed to the Department of Health to enable that department to administer aspects of PIP, for statistical and research purposes and to inform policy development.

The Department of Human Services may use or disclose your personal information for other purposes where that is required or authorised by law, or if you agree.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the Department of Human Services.

## Practice declaration

### 16 I/We agree to:

- advise the Australian Government Department of Human Services of any changes to practice arrangements:
  - online via Health Professionals Online Services (HPOS), changes made via HPOS are immediate and therefore can be made up to and on the relevant point-in-time date, **or**
  - by completing the **Practice Incentives Change of Practice Details** form (IP005), **or**
  - in writing by **no later than 7 days** prior to the relevant point-in-time date.

#### I/We 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.
- if all fields are not completed, this form can not be processed and will be returned to the practice.
- giving false or misleading information is a serious offence.

#### I/We declare that:

- the patient has been fully informed of the PIP Indigenous Health Incentive and/or the PBS Co-payment Measure.
- the information I/we have provided in this form is complete and correct.

General Practitioner's full name

General Practitioner's signature

Date

- 17 The authorised contact person(s) must be authorised by the owner(s) of the practice to advise us of changes and will be the person(s) to whom all correspondence is addressed. The authorised contact person(s) is responsible for notifying us in writing of any changes in practice arrangements by no later than **7 days prior** to the relevant point-in-time date.

Authorised contact person's full name

Authorised contact person's position held

Authorised contact person's signature

Date

## Patient declaration

### 18 I acknowledge and consent that:

- my personal details on this form will be shared between this practice, the Australian Government Department of Human Services and the Department of Health for the purposes of the PIP Indigenous Health Incentive **and/or** the PBS Co-payment Measure.

#### I understand that:

- general participation information (which is not linked to my name or other personal details) will be used to see how well the program is working and help improve services for Aboriginal and Torres Strait Islander people.
- I can withdraw my consent to participate in the PIP Indigenous Health Incentive **and/or** the PBS Co-payment Measure at any time.
- giving false or misleading information is a serious offence.

#### I declare that:

- the information I have provided in this form is complete and correct.

### 19 Patient or parent/guardian's full name

Patient or parent/guardian's signature

Date