

# **Practice Incentives Program Service Incentive Payments banking details**

## Important information

Complete this form to record new or amended bank account details for the Practice Incentives Program (PIP) Service Incentive Payments (SIP) and/or the General Practitioner (GP) Aged Care Access Incentive SIP. Payments cannot be made to credit card, loan or mortgage accounts.

### **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 about the PIP email pip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au/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 <a></a>

Provider details	
1	Provider number
2	Dr Mr Mrs Miss Ms Other  Family name
	First given name
3	Address
	Postcode
4	Postal address (if different to above)
	Postcode
5	Phone number
	( )
	Mobile phone number
	Fax number

	Email
	@
Pro	gram details
	Indicate which SIPs the bank account details below apply to:
Ū	PIP SIPs
	(Cervical Screening, Asthma and/or Diabetes Incentives)
	GP Aged Care Access Incentive SIP
Baı	nk account details
7	Name of bank, building society, or credit union
	Branch where account is held
	Branch number (BSB)
	Account number (this may not be the card number)
	Account names (and may not so the out a name)
	Account held in the name(s)
8	Bank account valid from
	/ /
Dec	claration
9	I agree to:
	<ul> <li>advise Medicare Australia in writing of any changes to my arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest.</li> </ul>
	I declare that:
	• the information on this form is correct.
	General practitioner's signature
	Date
Pri	vacy note
The	information on this form will be used to register and store your

Page 1 of 1 1925.25.02.11

party unless authorised or required by law.

nominated bank account details for the purpose of making electronic payments to you under the PIP SIP and/or GP ACAI SIP and is required by Medicare Australia to perform functions under service arrangements made under the Medicare Australia Act 1973. Your banking details will be disclosed to the relevant financial institution to facilitate the payment of your incentive payments and will not be disclosed to any other third