



Practice Incentives Program

Indigenous Health Incentive and Pharmaceutical Benefits Scheme

Co-payment Measure

Patient registration

Important information

Complete this form 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.

Eligibility

To be eligible 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.

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

- identify as being of Aboriginal and/or Torres Strait Islander origin
- 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.

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

2 Practice name

3 Address

Postcode

Postal address (if different from above)

Postcode

4 Phone number

Fax number

Email

Patient details

5 Patient family name

Patient first given name

6 Patient sex

Male

Female

7 Patient date of birth

 / /

8 Patient Medicare Card No

 - -

Ref no.

9 Is this patient of Aboriginal and/or Torres Strait Islander origin?
(Tick all that apply)

No the patient is not eligible

Yes – Aboriginal

Yes – Torres Strait Islander

Eligibility requirements

10 Does this patient have a chronic disease?

No **Go to 11**

Yes **Go to 12**

11 Is this patient at risk of chronic disease?

No

Yes

12 Is your practice this patient's usual practice?

No

Yes

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

No

Yes

14 Has this patient provided informed consent to participate in the:

a) Indigenous Health Incentive?

No

Yes

and/or

b) PBS Co-payment Measure?

No

Yes

15 When did the patient sign the Patient Consent Form?

/ /

Practice declaration

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

General Practitioner's full name

General Practitioner's signature

Date

/ /

Authorised contact's full name

Authorised contact'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 and/or PBS Co-payment Measure. The collection of this information is authorised by the *Medicare Australia Act 1973*. Information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.