



# 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](mailto:pip@medicareaustralia.gov.au) or go to [www.medicareaustralia.gov.au](http://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**

  


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Postcode

Postal address (if different from above)

  


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Postcode

**4 Phone number**

Fax number

Email

  


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#### 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.