



## Practice Incentives Program Indigenous Health Incentive and Pharmaceutical Benefits Scheme Co-payment Measure Patient withdrawal of consent

### Important information

Complete this form to withdraw your consent to participate in the Practice Incentives Program (PIP) Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment 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

### 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

### Patient's withdrawal of consent

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1. I no longer want to be a part of the PIP Indigenous Health Incentive.  
No   
Yes
2. I no longer want to be a part of the PBS Co-payment Measure. I understand that my PBS medicines will go back up to the usual, higher price. I do not want further information about the medicines I take to be put in the PBS Co-payment Measure system.  
No   
Yes

### Patient's details

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3. Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

4. Your sex  
Male

Female

Date of birth

5.

6. Medicare number

-      -  Ref. no.

### Practice details

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7. Practice ID (if known)

8. Practice name

9. Address

### Patient Declaration

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10. **I acknowledge that:**

- by completing this form I am withdrawing my consent to participate in the PIP Indigenous Health Incentive and/or PBS Co-payment Measure.

**I declare that:**

- the information on this form is correct.

Patient or parent/guardian's full name

Patient or parent/guardian's signature

Date

### Privacy note

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The information on this form will be used to end your participation in 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 on this form may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.