

Declaration

8 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 information on this form is correct.

Authorised contact person's full name

Authorised contact person'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. 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.