



General Practice Rural Incentives Program bank details

Important information

Complete this form to update bank account details under the General Practice Rural Incentives Program (GPRIP). The GPRIP is a Department of Health and Ageing initiative administered by Medicare Australia. It comprises of three components:

- the General Practitioners (GP) component
- the Registrars component and
- the Rural Relocation Incentives Grant (RRIG).

It is important to advise which component(s) of the GPRIP you would like paid into the nominated bank account on this form.

Assistance

If you need assistance completing this form, information about the GPRIP or information about the method of calculating eligibility and payments call **1800 010 550** (call charges may apply) between 9.00 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement

Send the completed form to:

General Practice Rural Incentives Program
GPO Box 2844
ADELAIDE SA 5001

or fax to: **1300 588 673**

If you fax this form to Medicare Australia you must retain the original for auditing purposes. If the original document cannot be located, the faxed copy held by Medicare Australia will be recognised as the original document.

Print in **BLOCK LETTERS**

Tick where applicable

Applicant's details

1 Medicare provider number

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Daytime phone number

Bank account details

Payments will be paid by Electronic Funds Transfer (EFT) into your nominated bank account. Payments cannot be made to credit card, loan or mortgage accounts.

4 Indicate which component(s) of the GPRIP you would like paid into the nominated bank account below:

General Practitioners component

Registrars component

Rural Relocation Incentive Grant component

5 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s)

Declaration

6 I agree to:

- authorise Medicare Australia to direct all payments relating to the nominated component for the GPRIP and the provider number identified on this form into the nominated bank account.

I declare that:

- the information on this form is correct.

Applicant's signature

Date

Privacy note

The information on this form will be used to issue payments for the GPRIP. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Health and Ageing, other government agencies or as authorised or required by law. Your bank account details will be disclosed to the relevant financial institution to facilitate payments to you.