

PIP QI notification form

The purpose of this form is to notify Northern Queensland PHN after a practice has applied for the PIP QI Incentive. This can be done by applying online through Health Professional Online Services (HPOS) using the Provider Digital Access (PRODA) account. For further information on how to apply, refer to [PIP QI Guidelines](#).

This form must be sent to NQPHN as soon as possible to ensure eligibility for the quarterly reference period. Please be aware that cut off dates apply. Following completion of this form, NQPHN will prepare your practices new Data Sharing Agreement.

See next page for PIP QI practice workflow.

Practice details			
Practice name		PIP ID	
Physical address		Postcode	
Suburb			
Phone			
Email address			
Practice clinical software			
Practice administration software			
Please nominate at least 1 PIP QI contact			
Full name		Role	
Full name		Role	

I confirm, _____ (practice name)
has signed up to the PIP QI via HPOS on this date _____.

By signing this form, I acknowledge that the above information is true and correct. As the authorised PIP contact, I will notify the PHN if any of the provided details change.

Full name: _____ Signature: _____

Date: _____

GET IN TOUCH

For assistance with completing this document, please contact the Northern Queensland PHN Primary Care Engagement Team on pce@nqphn.com.au



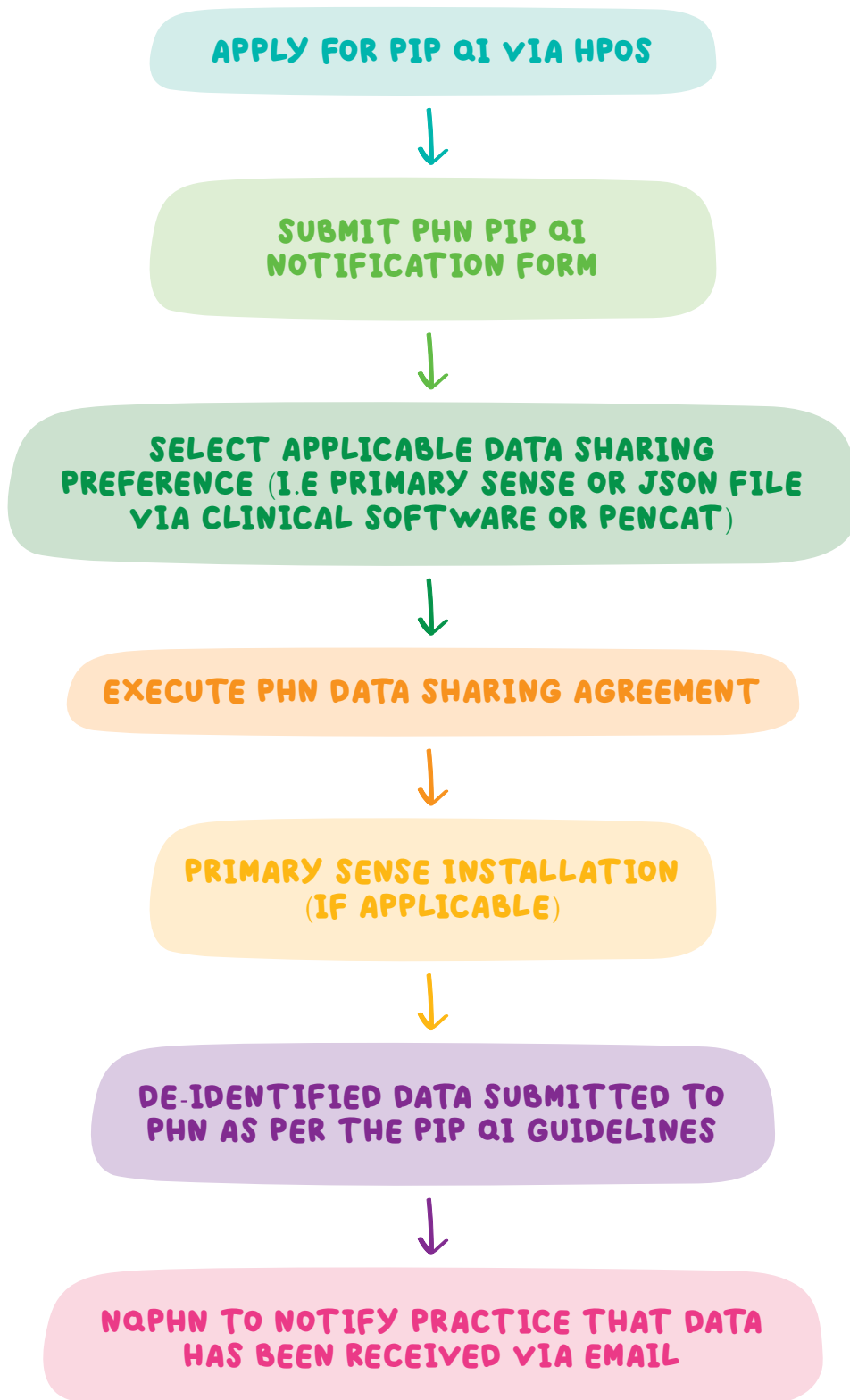
NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



ISO 9001
QUALITY



PIP QI practice workflow



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