Australian Government
Department of Health

Mental Health Nurse Incentive Program
Claim Form

Purpose of this Form
The Mental Health Nurse Incentive Program provides funding to eligible private psychiatry practices, general practices and other appropriate organisations to engage or retain credentialed mental health nurses.

Please refer to the corresponding Mental Health Nurse Incentive Program Guidelines before completing this MHNIP claim. To access the MHNIP guidelines please go to:
http://www.health.gov.au/internet/main/publishing.nsf/content/work-pr-mhnip

Claiming Information
From 1 May 2016, the Department of Health will process all claims for payment by eligible organisations.

Eligible organisations must submit a correctly rendered tax invoice with the claim form – Further information is provided at *Item 5. Invoice Requirements.* Payment for eligible sessions claimed will be made approximately 30 days after the receipt of a correctly completed claim form and correctly rendered Tax Invoice.

Please note: All claims for 2015-16 sessions must be received by the Department of Health by close of business Friday 15 July 2016.

All claims will be paid at the rate of $240 (GST exclusive) per session. This amount is intended to be applied to mental health nurse salary and on-costs, including personal and recreational leave entitlements.

For services in rural and remote areas of Australia, a 25% loading (GST exclusive) will be applied to the sessional payment. Rural and remote services are those located in 'very remote', 'remote' and 'outer regional' areas as defined by the Australian Standard Geographic Classification Remoteness Classification.

The loading will apply in respect to the locality of a nurse's 'service outlet' for that day (that is the physical location of the office or clinic where the nurse is based). Services provided at the patient's home are considered to be services provided from the nurse's service outlet for that day.

False or Misleading Information
Penalties exist under the law for giving false or misleading information. The Department of Health may suspend payments and/or recover any payments that result from the provision of incomplete or inaccurate information.

Return the form
Check that you have answered all the questions you need to answer and that the authorised person has signed and dated the form. Post the completed form to:

MHNIP Claims
Department of Health
MDP 11
GPO BOX 9848
CANBERRA ACT 2601

Or

Email: MHNIPclaims@health.gov.au

MENTAL HEALTH NURSE INCENTIVE PROGRAM – CLAIM FORM

1. ORGANISATION DETAILS

Eligible Organisation Name: **Telephone Number:**

Address of Organisation: **City:** **Postcode:**

2. MENTAL HEALTH NURSE DETAILS

Name of Mental Health Nurse:	Mental Health Nurse Date of Birth:	Engagement Date:	Employed under a shared care arrangement? (Y/N)	Credential Number:	Credential Expiry date

3. SESSION INFORMATION

(Please add more pages if required)

Session Number	Date of Session	Start Time	Finish Time	Locality/Suburb of Service Outlet	Postcode of Service Outlet	Total number of consultations	Total number of Face to Face

4. SESSIONAL CALCULATIONS FOR TAX INVOICE

Number of Sessions Claimed	Rural Loading (yes or no)	Amount Per Session ($240 per session or $300 with rural loading applied)	Total amount to be paid by the Department of Health

5. INVOICE REQUIREMENTS

- The eligible organisation must include a correctly rendered tax invoice to accompany this claim for payment.
- The total amount must match the total amount displayed in *Item 4. Sessional Calculations for Tax Invoice*.
- The total amount must be GST Exclusive.
- The tax invoice must include:
  - Date
  - Name, address and ABN number of the recipient;
  - Name, address and ABN number of the Payee (*Department of Health, MDP 11, GPO Box 9848, Canberra, ACT 2601, ABN: 83 605 426 759)*
  - Description of Services (*including quantity and price*)
  - Total amount (*Note: GST is not applicable for payments*)

6. DECLARATION

I understand that:

- Giving false and misleading information is a serious offence, and may result in Mental Health Nurse Incentive Program payments being recovered and/or future payments being suspended or ceased.
- This claim form will be rejected and returned if not if not completed correctly.

I declare that:

- I have reviewed the requirements for eligibility set out in the Mental Health Nurse Incentive Program Guidelines and acknowledge that the Australian Government Department of Health may require evidence that the organisation satisfies these requirements.
- The information that I have provided in this form is complete and correct.
- This claim has not previously been paid.

Name of Authorised Contact: **Signature of Authorised Contact:** **Date:**