Australian Government
Services Australia

medicare

PBS

Bank account details for Remote Area Aboriginal Health Services program payments (PB019)

When to use this form

Approved community pharmacies supplying medicines to an Aboriginal Health service can use this form to **register** or **change** bank account details for Remote Area Aboriginal Health Services (RAAHS) PBS medicine reimbursement payments under section 100 of the *National Health Act 1953*.

You will need to **allow 9 working days** for the change to take effect.

For more information

Go to **servicesaustralia.gov.au/raahs** or if you need help to complete this form, call 132 290 local time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐▶ ***Go to 1*** skip to the question number shown.

Community pharmacy details

1 Community pharmacy trading name

2 Community pharmacy approval number

3 Postal Address

Postcode

4 Daytime phone number (including area code)

Community pharmacy bank account details

5 I would like to:

Tick one only

Register new bank account details ☐▶ ***Complete questions 6, 8 and 9***

Change bank account details ☐▶ ***Complete questions 6,7,8, and 9***

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

6 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

7 If notifying us of a change to bank account details, record the old bank account details below.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

8 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information so we can process and manage your applications and payments, and provide services to you. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

This declaration must be signed by the owner(s) of the pharmacy.

9 **I (or we) authorise:**

- payments to be made into the nominated bank account.

I (or we) declare that:

- the information I (or we) have provided in this form is complete and correct.

I (or we) understand that:

- giving false or misleading information is a serious offence.

Approved person 1

Full name

Signature

Daytime phone number (including area code)

Date (DD MM YYYY)

Approved person 2

Full name

Signature

Daytime phone number (including area code)

Date (DD MM YYYY)

Approved person 3

Full name

Signature

Daytime phone number (including area code)

Date (DD MM YYYY)

If you need more space, provide a separate sheet with details.

Reset form

Returning this form

Return this form and any supporting documents **by post** to:

Services Australia
Pharmaceutical Benefits Branch
Aboriginal Health Services Program
Reply paid 7788
CANBERRA BC ACT 2610