Australian Government
Services Australia

medicare

PBS

Patient claim for refund
Pharmaceutical Benefits Scheme (PB132)

When to use this form

Use this form to claim a refund under the Pharmaceutical Benefits Scheme (PBS) if:

- you did not show your Medicare card and/or concession or health care cards when you purchased the medicine at the pharmacy
- you spent over your yearly PBS Safety Net threshold, or
- the Closing the Gap (CTG) annotation was not recorded on the prescription to receive co-payment when dispensed by the pharmacy.

Who can use this form

This form can be used by the person who the medicine was supplied for or their dependant who the medicine was supplied for. Definition of dependant is a person who is an Australian resident within the meaning of the *Health Insurance Act 1973* and:

a) the spouse of the person, or
b) a child under the age of 16 years who is in the custody, care and control of the person or the spouse of the person, or
c) a person who:
   i) has attained the age of 16 years but is under the age of 25 years, and
   ii) is receiving full time education at a school, college or university, and
   iii) is not being paid a disability support pension under the *Social Security Act 1991,* and
   iv) is wholly or substantially dependent on the person or on the spouse of the person.

Important information

You must make sure a **paid** tax invoice, Prescription Record Form (PRF) or pharmacy s87 receipt is attached. Your claim will not be paid if you provide a document other than a receipt that does not clearly indicate the amount is paid in full.

All receipts issued by your pharmacist must be attached and all documents supporting this claim will be kept by Services Australia.

If you are filling in this form on behalf of the claimant as a Power of Attorney or Authorised Representative you will need to provide the relevant legal documentation and 100 points of certified proof of identity with the form.

PBS patient refunds are paid via electronic funds transfer (EFT) to your Medicare nominated bank account.

Pharmaceutical benefits cannot be paid via EFT if the nominated account has restrictions on EFT deposits, is a credit card, or an overseas account.

If your personal information needs to be updated such as your address or bank account information, you will need to do this with Medicare. Go to **servicesaustralia.gov.au/updatemedicaredetails**

For more information

Go to **servicesaustralia.gov.au** or call 132 290 Monday to Friday, 8 am to 5 pm, Australian Eastern Standard 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.

Claimant details

The claimant is the person who the PBS medicine was supplied for or a person eligible to receive the refund on behalf of the person who the medicine was supplied for. For example, a family member listed on the Medicare card.

1 Claimant's Medicare card number

Ref no.

2 Safety Net, Repatriation (DVA) or Centrelink card number

3 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

4 Address

Postcode

5 Daytime phone number (including area code)

Claim details

6 I am claiming a refund because:

☐ a Medicare card and/or concession or health care cards was not shown at the pharmacy

☐ the yearly Safety Net threshold has been exceeded

☐ the Closing the Gap (CTG) annotation was not recorded on the prescription to receive co-payment when dispensed by the pharmacy.

Patient details

The Medicare card number is required to verify a patient's eligibility to receive Pharmaceutical Benefits.

7 Give details of each patient

Patient 1

Tick if same as claimant ☐

or

Provide details

Medicare card number

Ref no.

Family name

First given name

Date of birth (DD MM YYYY)

Safety Net, Repatriation (DVA) or Centrelink card number

Patient 2

Medicare card number

Ref no.

Family name

First given name

Date of birth (DD MM YYYY)

Safety Net, Repatriation (DVA) or Centrelink card number

Patient 3

Medicare card number

Ref no.

Family name

First given name

Date of birth (DD MM YYYY)

Safety Net, Repatriation (DVA) or Centrelink card number

If there are more than 3 patients, provide a separate piece of paper.

Privacy notice

8 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing this authority application.

Personal information may be used by Services Australia, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at **servicesaustralia.gov.au/privacypolicy**

Claimant's declaration

9 **I declare that**:

- I have not previously claimed any refund from Services Australia for the medicines that are the subject of this claim
- the information I have provided in this form is complete and correct.

I authorise:

- Services Australia to contact the pharmacy(s) that supplied these medicine(s) if clarification of pharmacy receipt details is needed.

I understand that:

- giving false or misleading information is a serious offence.

Claimant's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents:

- **by post** to

  Services Australia
  Pharmaceutical Benefits Branch
  GPO Box 9826
  in your capital city

- in person at one of our service centres.

Reset form