

PBS/RPBS Safety Net prescription record and application for a Safety Net card (PB240)

When to use this form

Use this form to help you keep a record of how much you have spent on Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS) medicines and to apply for a PBS Safety Net card.

Each time you have a PBS/RPBS medicine supplied to you, **give this form to your pharmacist**. The pharmacist can help you keep a record of how much you spend on PBS medicines.

Important information

The applicant/agent **must provide** their **full name and signature** on this form.

Patients who have prescriptions supplied under Closing the Gap arrangements will pay a reduced co-payment amount. The co-payment amount they would have paid without Closing the Gap is the Safety Net value that will be recorded on the Prescription Record Form (PRF).

What is the PBS Safety Net?

The PBS/RPBS Safety Net helps people who need a lot of prescription medicines. Once you have reached the PBS Safety Net threshold, your PBS medicines, and any medicines supplied through the out-patient department of a public hospital, will be less expensive (if you are a general patient) or free (if you are a concessional patient) for the rest of the calendar year.

How do I become eligible for the PBS Safety Net?

To be eligible for the PBS Safety Net, you need to keep a record on this form of the PBS medicines you have been supplied from your community pharmacy, as well as those medicines supplied through a public hospital out-patient department. Your pharmacist may keep a computer record of your PBS expenditure if you visit the same pharmacy.

You and your family can use one or more forms. If you combine your family's PBS Safety Net amounts, you may reach the threshold sooner.

When you reach the PBS Safety Net threshold, ask your pharmacist about issuing you with a PBS Safety Net card.

Why are some charges not recorded on my PBS Safety Net Prescription Record Form?

The following charges do not count towards the PBS Safety Net and **cannot** be recorded on this form:

- If you choose a more expensive brand of medicine, or your doctor prescribes one, the extra amount you pay will not count towards the PBS Safety Net threshold.
- The cost of an early resupply of some medicine within 20 days after a previous supply will not count towards the PBS Safety Net threshold.

If you are unsure of how these charges affect you, ask your pharmacist.

For more information

For more information or to check the PBS Safety Net thresholds, go to servicesaustralia.gov.au/pbssafetynet, talk to your pharmacist, or call **132 290**.

Call charges may apply.

Filling in this form

Questions 1 to 6 **must** be typed before you print this form. Incomplete or poor quality forms will be returned to you.

Pharmacists can record medicines in writing or by using labels.

You can complete this form on your computer, print and sign it. If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Applicant's details

Card numbers **must** be recorded

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Centrelink Customer Reference Number (CRN)

3 Family name

First given name

Second given name

4 Address

Postcode

5 Applicant patient type

Tick one only

- general patient
- concessional patient

6 Other family members to be covered by this card

All family members to be covered by the PBS Safety Net card must be listed on this form with relevant relationship code.

SP—Spouse or de facto partner

DC—Dependent child under 16 years

DS—Dependent full-time student under 25 years

Family member 1 details

Family name

First given name

Medicare card number

--

Ref no.

Department of Veterans' Affairs card number
or Centrelink CRN

Date of birth

 / /

Relationship code

Family member 2 details

Family name

First given name

Medicare card number

--

Ref no.

Department of Veterans' Affairs card number
or Centrelink CRN

Date of birth

 / /

Relationship code

Family member 3 details

Family name

First given name

Medicare card number

--

Ref no.

Department of Veterans' Affairs card number
or Centrelink CRN

Date of birth

 / /

Relationship code



If you have more than 3 family members, provide a separate sheet with details.

Privacy notice

7 Your privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share 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/privacy

Applicant's/Agent's declaration

8 I hereby apply, or I am authorised by the applicant to apply on their behalf, for a PBS Safety Net card and:

I understand that:

- giving false or misleading information is a serious offence.

I declare that:

- the people recorded on this form are all members of my family (or members of the applicant's family).
- all PBS medicines recorded were supplied to my family (or members of the applicant's family) during this calendar year.
- the information I have provided with this application is complete and correct.

Applicant's/Agent's full name

Applicant's/Agent's signature

Date

 / /

Pharmacist's declaration

9 I declare that:

- the prescription items listed below were supplied for the person(s) named, at not more than the maximum value within agreed government limits.
- the applicant has demonstrated eligibility for the issue of a PBS Safety Net card.
- I have issued the card(s) identified below.

Pharmacist's signature

Date

 / /

Card 1

Card 2

Returning this form

Customer: Give this form to your pharmacist when you are issued with a PBS Safety Net card.

Pharmacist: Return this form and any supporting documents with a **PBS Safety Net claim for payment (PB241)** form:

- by post to:
Services Australia
Pharmaceutical Benefits Section
GPO Box 9826
in your capital city

Safety Net prescription record and application for a Safety Net card (PB240)

medicare



Important information

Each time you have a PBS/RPBS medicine supplied to you, **give this form to your pharmacist.** The pharmacist can help you keep a record of how much you spend on PBS medicines.

If you need more space, copy or print this page and attach the separate sheet.

Date of supply	PBS/RPBS code (or hospital item identification)	Approval number (hospital Safety Net no.)	Safety Net value (hospital charge)	Authorised person's signature
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

Date of supply	PBS/RPBS code (or hospital item identification)	Approval number (hospital Safety Net no.)	Safety Net value (hospital charge)	Authorised person's signature
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	