




Important information

Services Australia will **only accept typed** forms. We will return handwritten, incomplete or poor quality forms.

Please make sure each Prescription Record Form included with this claim includes the **Medicare card number** and **Centrelink Customer Reference Number/Department of Veterans' Affairs number** for each applicant.

You are required to retain a copy of this form for your records.

The authorised person must provide their full name on this form. No signature is required.

1 Pharmacy's details

Approval number

Name of pharmacy

Address of pharmacy

Postcode

2 Safety Net cards issued

| PBS Safety Net number | | | | | | | | | | Card holder's full name |
|-----------------------|--|--|--|--|--|--|--|--|--|-------------------------|
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
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| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |
| N | | | | | | | | | | |

3 Declaration

I declare that:

- the Pharmaceutical Benefits Scheme entitlement and/or concession cards listed above were issued by me or on my behalf.
- the relevant prescription record forms and/or applications are attached.

I understand that:

- if this form is handwritten, incomplete or poor quality, it will be returned to me.
- giving false or misleading information is a serious offence.

Authorised person's full name

Date

Privacy notice: Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. 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/privacy

Returning this form

Check that you have filled in all applicable fields and have attached all required documents. A maximum of 12 claims (and 1 claim for payment form) can be sent per postage parcel.

Return this form and the supporting documents to:

Services Australia
Pharmaceutical Benefits Branch
Reply Paid 9826
in your capital city