

When to use this form

Use this form if you are an approved supplier or the authorised person claiming or reconciling a payment for the supply of Pharmaceutical Benefits Scheme (PBS) items and/or highly specialised drugs.

Important information

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

If you claim electronically, you do **not** need to use this form.

The approved supplier must retain a copy of this form for their records.

To register for electronic online claiming for PBS or Repatriation Pharmaceutical Benefits Scheme (RPBS) medicines, go to servicesaustralia.gov.au/pbsforpharmacists

For more information

If you need assistance completing this form call **132 290**.

Call charges may apply.

1 Approved supplier's details

Name of approved supplier

Address of approved premises

Postcode

Approval number

Claim period /
Claimant's reference

2 I declare that:

- the information I have provided in this form, and each of the attached prescriptions and forms, is complete and correct.
- the PBS item and/or highly specialised drugs set out in each of the attached prescriptions are:

A. PBS items and/or highly specialised drugs as recorded on each of the prescriptions (including repeat authorisations and deferred supply authorisations) attached, numbered and supplied on general benefit prescriptions:

 to

Concessional benefit prescriptions supplied:

 C to **C**

Entitlement prescriptions supplied:

 E to **E**

B. Repatriation Pharmaceutical Benefits Scheme (RPBS) items and/or highly specialised drugs as recorded on each of the RPBS prescriptions (including repeat authorisations) attached, numbered:

 R to **R**

C. Items for which details have been completed on the prescriber bag supplies forms attached, numbered:

 to

The items detailed above were supplied:

- by me or on my behalf on the dates set out and to the persons named.
- in accordance with the *National Health Act 1953*, the *Veterans' Entitlements Act 1986* and instruments made under those Acts.

3 Specify the total number of prescriptions in each category

PBS general

PBS concession (C)

PBS entitlement (E)

RPBS

Prescriber bag order form

4 Declaration

I understand that giving false or misleading information is a serious offence.

I, the authorised person, certify the correctness of the matters declared in this form.

Full name of authorised person

Date

Position of person authorised to act for approved supplier(s)

Email

Daytime phone number

 ()

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

Return this completed form to:

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