

Remote Area Aboriginal Health Services request and claim (PB042)

When to use this form

Use this form to request pharmaceutical benefits for the treatment of patients of an Aboriginal Health Service (AHS), and claim payment for the provision of pharmaceutical benefits supplied to an AHS.

How to complete this form

The **AHS** must complete the **AHS quantity requested** items and forward this form to their nominated pharmacy.

The nominated approved pharmacy:

- must complete and submit this form for each claim to be reimbursed for supplying the Pharmaceutical Benefits Scheme (PBS) items to the AHS.
- can also provide a separate '**items requested and supplied**' list using their own document. This must include all the columns and information requested at Question 5 on this form.
- must provide the full PBS item description, including item name, form and strength. This is required to ensure it is an eligible PBS item.

The pharmacy and AHS must keep copies of the form and Remote Area Aboriginal Health Services (RAAHS) prescriptions for record keeping purposes.

For more information

Go to servicesaustralia.gov.au and search for 'RAAHS' or call **132 290** Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

Incomplete or poor quality forms will be returned to the pharmacy.

If you have a printed form:

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

Terms and conditions

- a) Pharmaceutical benefits can only be claimed for those AHS at the locations approved by the Australian Government.
- b) The AHS named in this form and/or the outstation/community adhere to the relevant applicable laws of the state or territory for the storage and supply of pharmaceutical benefits.
- c) The AHS named in this form and/or the outstation/community from which pharmaceutical benefits will be supplied has/have facilities appropriate for the storage of medicines. Appropriate facilities require storage in a secure manner to prevent access by unauthorised persons, to maintain the quality of the medicines, and in accordance with any special conditions specified by the manufacturer.
- d) Where medicines are restricted pharmaceutical benefits or authority required pharmaceutical benefits, they must be used only in accordance with the relevant restriction or condition.
- e) Where a PBS listed medicine includes a Brand Premium or a Therapeutic Group Premium the lowest priced alternative should be supplied where appropriate.
- f) Records must be maintained for all pharmaceutical benefits supplied to patients. These records must be available for inspection for a period of at least 24 months after the date of supply to the patient.
- g) Pharmaceutical benefits claimed must be supplied free of charge to patients of an AHS.
- h) The AHS named in this form must not be a party to an arrangement, such as a coordinated care trial, for which PBS funds have been provided for the pharmaceutical benefits listed in this form.
- i) Where pharmaceutical benefits are labelled for an individual patient of an AHS they must be provided on the basis of a RAAHS prescription in accordance with the applicable laws of the state or territory. Prescription labelled items attract a Patient Specific Medicine Supply Fee (PSMSF).
- j) A RAAHS prescription is a written instruction for the supply and administration of pharmaceutical benefits, to an individual patient to be provided through an AHS, where the provision of pharmaceutical benefits is in accordance with the applicable laws of the state or territory.
- k) All items contained in section 2 of the Schedule of Pharmaceutical Benefits, in force at the time of supply, are available under these arrangements, **excluding**:
 1. Extemporaneously prepared items (section 4 of the Schedule of Pharmaceutical Benefits)
 2. Prescriber Bag (Emergency drug) supplies
 3. Repatriation Pharmaceutical Benefit Scheme pharmaceutical benefits
 4. Highly Specialised Drugs, **and**
 5. Schedule 8 medicines as defined by the drugs and poisons legislation in the relevant state or territory.

If any of the above pharmaceutical benefits are required they must be prescribed on an approved prescription form and dispensed under standard PBS arrangements.

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Aboriginal Health Services details

1 AHS registration number

2 AHS name

3 Outstation/Community name (if applicable)

4 Address (AHS address or Outstation/Community address if applicable)

 Postcode

Items requested and supplied

5 Items requested by AHS

AHS need to complete the grey columns and pharmacies need to complete the remaining columns.
 If you need help completing the table, go to servicesaustralia.gov.au and search for 'RAAHS'.

Item count	AHS to complete				Pharmacy to complete	
	Item code	Manu- facturer's code	Item name, form and strength	AHS quantity requested	Pharmacy quantity supplied	PSMSF - Individually labelled RAAHS prescription items only



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Privacy notice

- 6** 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 servicessaustralia.gov.au/privacypolicy

AHS qualified health professional's declaration

7 I declare that:

- the items listed have been requested by the above Aboriginal Health Services and are for the treatment of patients of Aboriginal Health Services.
- the information I have provided in this form is complete and correct.

I understand that:

- I cannot sign the declaration for this claim as both the AHS qualified health professional and the Pharmacy Representative.
- giving false or misleading information is a serious offence.

AHS qualified health professional's full name

AHS qualified health professional's signature

Date (DD MM YYYY)

Pharmacy details

- 8** Pharmacy approval number

- 9** Pharmacy name

- 10** Address

Privacy notice

- 11** 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 servicessaustralia.gov.au/privacypolicy

Pharmacy declaration

12 I declare that:

- the goods listed have been requested by and supplied to the Aboriginal Health Services named above and all pharmaceutical benefits have been supplied in accordance with all the terms and conditions.
- the subset quantity supplied for an individual was prepared and labelled for an individual patient of the Aboriginal Health Services and supplied under a Remote Area Aboriginal Health Services prescription.
- the information I have provided in this form is complete and correct.

I understand that:

- it is an offence under the *Crimes Act 1914* to obtain monies from the Australian Government or any public authority under the Australian Government by means of any false pretence or untrue representation.
- I cannot sign the declaration for this claim as both the AHS qualified health professional and the Pharmacy Representative.
- giving false or misleading information is a serious offence.

Full name

Position

Pharmacist

Owner

Director

Pharmacy Manager

Other Give details

Signature

Date of supply (DD MM YYYY)

Your claim reference number

Returning this form

This form must be submitted to Services Australia for payment.

Check that all sections are complete and that a name and date has been provided in both declaration sections.

Return this form and any supporting documents:

- online**, upload this form through Health Professional Online Services (HPOS) at servicessaustralia.gov.au/hpos **or**
- by post to:
Pharmaceutical Benefits Scheme Services Australia
Remote Area Aboriginal Health Services
PO Box 9826
BRISBANE QLD 4001