

# Resubmit rejected items for Remote Area Aboriginal Health Services claim (PB354)

## When to use this form

Use this form to claim items that were rejected from a previously submitted Remote Area Aboriginal Health Services (RAAHS) claim.

If you have more than one claim with rejected items, you need to lodge a separate **Resubmit rejected items for Remote Area Aboriginal Health Services claim (PB354)** form for each claim.

Do not submit new or entire claims using this form. If an entire claim was rejected previously, use the **Remote Area Aboriginal Health Services request and claim (PB042)** form.

## How to complete this form

- Provide original claim details, including Pharmacy approval number, Aboriginal Health Services (AHS) registration number and date of supply.
- Complete the information in the **Resubmitted items** table below.
- List the Patient Specific Medicine Supply Fee (PSMSF) that applies to the re-claimed items, if applicable.

The pharmacy must keep copies of the form for record keeping purposes.

## For more information

Go to [servicesaustralia.gov.au](http://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.

## Original claim details

**1** AHS registration number

**2** Original date of supply (DD MM YYYY)

  

**3** AHS Claim Number (from the AHS Claim Summary Statement)

## Pharmacy details

**4** Pharmacy approval number

**5** Pharmacy name



MCA0PB354 240726



## Privacy notice

- 7** 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 [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Signatory's declaration

**8 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.
- giving false or misleading information is a serious offence.

Full name

Position

Pharmacist

Owner

Director

Pharmacy Manager

Other  Give details

Signature

Date (DD MM YYYY)

## Returning this form

This form must be submitted to Services Australia for payment.

Return this form and any supporting documents:

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