



Voluntary acknowledgement of incorrect payments

What this form is for

This form is for you to notify the Australian Government Department of Health and Aged Care that you are acknowledging that you were not entitled to receive Pharmaceutical Benefits Scheme (PBS) payments in relation to the PBS claims listed on this acknowledgement form. This form can be used to acknowledge incorrect payments of PBS payments that have been made to you by Services Australia.

1 I declare that I, _____ am the Approved Pharmacist acting on behalf of the Approved Supplier responsible for the PBS claims listed in this form, and I acknowledge that the Approved Supplier was not entitled to receive these PBS payments from Services Australia. I also declare that the information provided below is true and correct. I understand that giving false or misleading information is a criminal offence.

Approved Pharmacist (print name and Signature)

Date



2 Approved Supplier Details

Name of Approved Pharmacist/s

Name of Pharmacy

Address of Pharmacy

Pharmacy approval number

ABN

Is this acknowledgement a result of a communication or audit action by the department?

Yes

No

Reference number (if applicable)

3 Approved Pharmacist Contact Details

Mailing Address

Email Address

Contact Phone

4 Returning your form

Check that you have provided all the information required and that you have signed and dated this form.

The completed form and any supporting attachments can be emailed to:



voluntary.compliance.team@health.gov.au

OR

Mail the completed form and attachments to:



Provider Benefits Integrity
Benefits Integrity Division
PO Box 9848 MDP 859
CANBERRA ACT 2601

Cheques can be made payable to the Department of Health and Aged Care

5 Privacy

Personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Health and Aged Care (the department) for the assessment and administration of payments and services, including compliance actions. This information is required to process your application request.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the department will manage personal information, including our privacy policy, at health.gov.au/privacy or by requesting a copy from the department.

Further Information

For more information please visit our website at health.gov.au/va

6 Provide details of claims or benefits relevant to your voluntary acknowledgement

6a PBS Item Code for specific period/s where there was no entitlement to receive payment/s or where items were incorrectly claimed.

Note: Relates to all pharmaceutical benefits claimed for specific item code/s and period/s.

PBS Item Code claimed	Prescriptions provided between:		Reason: - Administrative error - Pharmaceutical benefit not supplied - Prescription details differ from claim - Authority approval not obtained before supply - Other (please state)
	Start date	Finish date	

6b Details of individual claims or benefits where there was no entitlement to receive payment/s or where items were incorrectly claimed (where not covered at 6a)

Patient given name/s	Patient family name	Patient Medicare card number	Ref No.	Claims Period No.	Payment Category	Serial Number	Prescribed date	Supplied date	Item name	PBS item Code	Reason - Administrative error - Pharmaceutical benefit not supplied - Prescription details differ from claim - Authority approval not obtained before supply - Other (please state)
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If you require more space, attach a separate sheet with details