



Australian Government

Department of Health
and Aged Care

Authority to authorise pharmacist(s) to sign claim forms on behalf of section 91/91B permission holder

Purpose of this form

As permission holder under section 91/91B of the *National Health Act 1953* (Act), you must complete and submit this form to the Australian Government Department of Health and Aged Care (department) to authorise a pharmacist(s) to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on your behalf.

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.
For assistance completing this form, email pbsapprovedsuppliers@health.gov.au and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

Returning your form

Check that all required questions are answered and the form is signed and dated.

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal (Portal)

PBSAppearedSuppliers.health.gov.au.

Further information on how to lodge your form is available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is being collected in this form by the department for the purposes of assessing your authorisation of a pharmacist(s) to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on your behalf.

If you do not provide this information, the department will not be able to assess your authorisation.

You can get more information about the way in which the department will manage personal information, including our privacy policy, at www.health.gov.au/pbsapprovedsuppliers/forms-privacy.

Permission holder

1 Name of permission holder

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Approved premises

2 PBS approval number

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3 Address of pharmacy premises

Postcode

Authorised pharmacist(s)

4 Give details of all authorised pharmacists

Authorised pharmacist 1

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Registration number

P	H	A																	
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Signature



Authorised pharmacist 2Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Registration number

P	H	A																	
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Signature



Authorised pharmacist 3Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Registration number

P	H	A																	
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Signature



Authorised pharmacist 4Dr ☐ Mr ☐ Ms ☐ Other

Family name


First given name

Registration number

P	H	A																	
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Signature





 If there are more than 4 authorised pharmacists attach a separate sheet with details.**Previously authorised pharmacist(s)**

- 5** Please list here any previously authorised pharmacists you want to cancel as pharmacists authorised to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on your behalf.

Authorised pharmacist name

Authorised pharmacist name

Authorised pharmacist name

Authorised pharmacist name



If there are more than 4 previously authorised pharmacists attach a separate sheet with details.

Declaration**6 I declare that:**

- the information I have provided in this form is complete and correct.
- the dispensing of drugs and medicinal preparations will be performed under the direct supervision of a pharmacist at the premises specified at question 3, in accordance with Part VII of the Act and the regulation made under the Act.

I understand that:

- giving false or misleading information is a serious offence.

I authorise the pharmacist(s) whose signature(s) appear in question 4, to:

- sign pharmaceutical benefit claim forms.
- endorse pharmaceutical benefit prescriptions on my behalf.

Permission holder's signature



Date