

Notification of bank account details for a hospital authority

and Aged Care

Purpose of this form

If you are a hospital authority approved under section 94 or section 100 of the National Health Act 1953, complete this form to update or provide your banking details to the Australian Government Department of Health and Aged Care (department) for payments made through claiming for the Pharmaceutical Benefits Scheme.

You will need to allow 10 working days for the change to take effect.

Payments for PBS claims can only be paid to the approved hospital authority's bank account.

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)

PBSApprovedSuppliers.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 processing your notification of an approved hospital authority's new bank account details or changes to existing bank account details for the purposes of claiming for the Pharmaceutical Benefits Scheme.

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

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.

Hospital authority details	
1	Hospital authority name
2	PBS approval number
3	Hospital name
4	Hospital address
5	Postcode
	Hospital switchboard phone number ntact person's details
6	Dr Mr Ms Other Family name
	First given name
7	Position held
8	Daytime phone number Email

Hospital authority bank account details **Declaration** I would like to: 12 I authorise: **Tick ONE only** payments to be made into the approved hospital authority's bank account. Register new bank account details Go to 11 I declare that: Change bank account details Go to next question I am authorised to provide these details on behalf of the 10 If notifying the department of a change to bank account details, hospital authority. record the old bank account details below. the information I have provided in this form is complete and Name of bank, building society or credit union correct. I understand that: Branch number (BSB) giving false or misleading information is a serious offence. Name Account number (this may not be the card number) Signature Account held in the name(s) of Date **11** Register new bank account details below. Position held Name of bank, building society or credit union Branch number (BSB) Contact phone number Account number (this may not be the card number) Account held in the name(s) of

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account

has restrictions on EFT deposits.