Australian Government
Department of Health, Disability and Ageing

Voluntary acknowledgement of incorrect payments

What this form is for

This form is for you to notify the Australian Government Department of Health, Disability and Ageing (the department) 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 form. It can be used to acknowledge incorrect payments of PBS benefits that have been made by Services Australia.

1 I declare that, I [ ] am the Approved Person for the Approved Supplier responsible for the PBS claims listed in this form. I acknowledge that these payments were not entitled to be received from Services Australia. I declare that the information provided below is true and correct. I understand that giving false or misleading information is a criminal offence.

Approved Person Signature **Date**

[ ] [/ /]

2 Approved Supplier Details

Name of Approved Person/s

[ ]

Name of Pharmacy

[ ]

Address of Pharmacy

[ ]
STATE
POSTCODE

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 Person Contact Details

Mailing Address

[ ]
STATE
POSTCODE

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:

Attn: Voluntary Compliance Team
Benefits Integrity Division MDP 114
GPO Box 9848
SYDNEY NSW 2001

Once processed, an invoice will be issued to you providing repayment options

5 Privacy

Personal information is protected by law, including the *Privacy Act 1988*, and is collected by the department or 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 regarding voluntary acknowledgement of incorrect payments, please scan the QR code to visit our website.

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

Details of individual PBS claims or benefits where there was no entitlement to receive payment/s or where items were incorrectly claimed.
Alternatively, if you have received a Schedule of Services - review and complete the Schedule of Services to submit with Page 1 of this form

Patient Given Name/s	Patient Family Name	Patient Medicare Card Number	Ref No.	Claim Period No.	Payment Category	Serial Number	Prescribed Date	Supplied Date	Item Name	PBS Item Code	Reason - Administrative error - Pharmaceutcial benefit not supplied - Prescription details differ from claim - Authority approval not obtained before supply - Other (please state)

If you require more space, attach a separate sheet with details