



Australian Government

Department of Health, Disability and Ageing

PBS Approved Suppliers Portal

How to upload PDF forms or additional
requested information



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1 Purpose of this guide

This guide provides instructions on how to upload PBS Approved Supplier PDF forms (and related attachments) and additional requested information via the PBS Approved Suppliers Portal (Portal) using the Upload Documents function.

2 When to use Upload Documents

a) Additional requested information

Use the Upload Documents function of the Portal to provide any additional information requested by the Department of Health, Disability and Ageing (department) or the Australian Community Pharmacy Authority (ACPA).

Additional information provided in support of a previously-submitted application will not be considered or placed on your application file unless the department or ACPA specifically requested the information.

b) PDF forms

Use the Upload Documents function of the Portal to submit the following PDF forms:

Pharmacists

- Notification of bank account details for an approved pharmacy - must be uploaded by a registered and signed in user of the Portal
- Authority to permit person(s) to enquire and/or sign claim forms on behalf of approved pharmacist(s) – must be uploaded by a registered and signed in user of the Portal
- Notification of change of pharmacy registered business (trading) name
- Notification of a change of company director(s)
- Application for permission to supply pharmaceutical benefits following bankruptcy or external administration
- Authority to authorise pharmacist(s) to sign claim forms on behalf of section 91/91B permission holder - must be uploaded by a registered and signed in user of the Portal

Deceased pharmacists

- Application for permission to carry on business as a pharmacist by the legal personal representative of a deceased approved pharmacist
- Authority to authorise pharmacist(s) to sign claim forms on behalf of section 91/91B permission holder - must be uploaded by a registered and signed in user of the Portal

Hospital authorities

- Application for a hospital authority to prescribe and/or supply pharmaceutical benefits and/or highly specialised drugs
- Authority to authorise pharmacist(s) to sign claim forms on behalf of a hospital authority - must be uploaded by a registered and signed in user of the Portal
- Notification of a prescribing-only hospital
- Notification of bank account details for a hospital authority - must be uploaded by a registered and signed in user of the Portal

Medical practitioners

- Application for a medical practitioner to supply pharmaceutical benefits
- Notification of bank account details for an approved medical practitioner - must be uploaded by a registered and signed in user of the Portal

Ministerial Discretion

- Request for Ministerial Approval to supply pharmaceutical benefits at particular premises

3 Important information

- While you do not need to sign in to the Portal to use the Upload Documents function, notification of bank details and authority to permit person(s) forms must be submitted by a signed in user.
- If you are signed in, you will be able to view the time and date of your submission and monitor its progress from My Dashboard/Uploaded Documents.
- If you are not signed in, you will receive email confirmation of the date and time of your submission.
- Please do not upload documents that are password protected.
- Please do not upload multiple unrelated PDF forms to a sub-category.
- PDF forms must be uploaded separately so that the unique details are captured in each case. This allows the form to be linked to the correct application or approval number for processing. If you upload multiple forms to a sub-category, they may not be processed.
- Multiple supporting documents, if requested, are permitted under the sub-category 'Supporting documents for my application'.

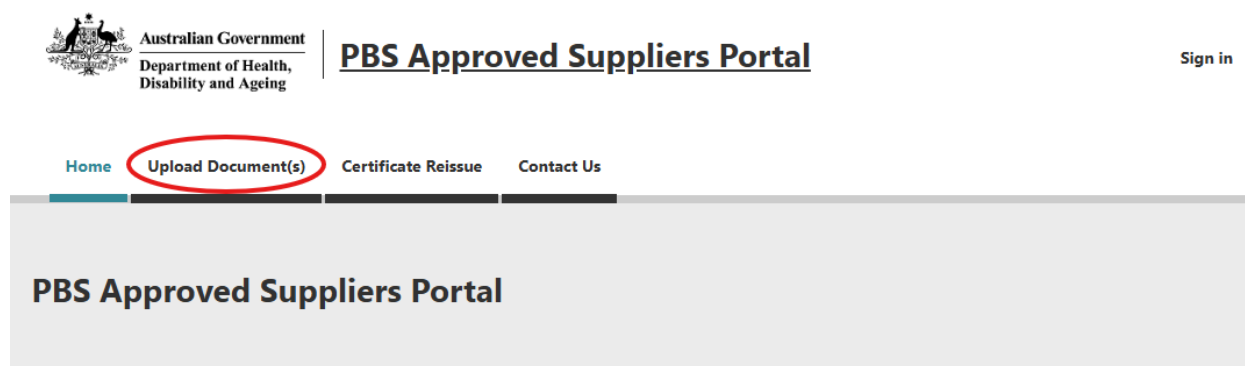
4 Download, complete and save a PDF form

If you are submitting a PDF form, ensure you have downloaded the most up-to-date version of the relevant form available from the [PBS Approved Suppliers website](https://pbsapprovedsuppliers.health.gov.au). Complete and save the form to your computer.

5 Accessing the PBS Approved Suppliers Portal

Type <https://pbsapprovedsuppliers.health.gov.au> into your browser. The preferred browsers are Google Chrome or Firefox.

- If you choose not to sign in to the Portal to upload your documents, simply select the 'Upload Documents' tab from the Home screen.



- If you choose to sign in to the Portal to upload your documents, sign-in as usual or, for further details on how to register and access the Portal for the first time, refer to How to register and sign in to the PBS Approved Suppliers Portal.
- When you have signed in, select the 'Upload Documents' tab from the Home screen.

Australian Government
Department of Health,
Disability and Ageing

PBS Approved Suppliers Portal

Test User1 ▾

Home My Dashboard Apply for Approval **Upload Document(s)** Certificate Reissue Contact Us

PBS Approved Suppliers Portal

ABOUT

The PBS Approved Suppliers Portal allows applicants to lodge applications for approval to supply pharmaceutical benefits and update their details online. For further information about how to use the portal, refer to the [User Guides](#).



From this point, the process for uploading documents using the Upload Documents function is essentially the same whether you are signed in to the Portal or not.

6 Providing details about your documents

After you click on the Upload Documents tab, the following screen will be displayed:

Upload Document(s) ⓘ

Use this facility to submit additional documents relating to your application and/or submit a completed PDF form and supporting documents.
IMPORTANT: Additional information provided in support of a previously submitted application to supply pharmaceutical benefits, that has not been requested by the Department or provided at the time of application submission will not be considered or placed on your application file.

Contact Details

First name *

Last name *

Email *

Phone number *

Upload Details

Category *

KNWPGNV

Generate a new image

Play the audio code

Enter the code from the image

Save and Next




If you are **signed in**, the verification code is not required and will not be displayed.

- Enter your contact details then click on under 'Category' to display a list of categories:

Upload Details

Category *

- Pharmacists
- Deceased Pharmacists
- Hospital Authority
- Medical Practitioners
- Ministerial Discretion
- Other

- Select the applicable category from the drop-down list. (In this guide, the ‘Pharmacists’ category is used as an example.)
- After you select a category, click on  under ‘Sub-category’ to display a list of sub-categories:

Upload Details

Category *

Pharmacists

Sub-category *

- Notification of bank account details for an approved pharmacist
- Authority to permit person(s) to enquire and/or sign claim forms on behalf of an approved pharmacist
- Notification of change of pharmacy registered business (trading) name
- Supporting documentation for my application
- Notification of a change of company director(s)
- Application for permission to supply pharmaceutical benefits following bankruptcy or external administration
- Authority to authorise pharmacist(s) to sign claim forms on behalf of section 91 permission holder

- Select the applicable sub-category from the drop-down list.

If you have selected ‘Notification of bank account details for an approved pharmacist’, the following will be displayed:

Upload Details

Category *

Pharmacists

Sub-category *

Notification of bank account details for an approved pharmacist

Is the form for an Existing Application or an Approved Pharmacy? *

☐ Existing Application ☐ Approved Pharmacy

- Click on either ‘Existing Application’ or ‘Approved Pharmacy’.



Click on ‘Existing Application’ if this is your initial notification relating to an existing or recent application for which bank account details have never been provided.



Click on ‘Approved Pharmacy’ if this notification is to update bank account details already provided for an approved pharmacy.

If you have selected ‘Authority to permit person(s) to enquire and/or sign claim forms on behalf of approved pharmacist(s)’ the following will be displayed:

Upload Details

Category *

Pharmacists

Sub-category *

Authority to permit person(s) to enquire and/or sign claim forms on behalf of an approved pharmacist

Is the form for an Existing Application or an Approved Pharmacy? *

☐ Existing Application ☐ Approved Pharmacy

- Click on either 'Existing Application' or 'Approved Pharmacy'.



Click on 'Existing Application' if this is your initial authority relating to an existing or recent application for which details of permitted persons have never been provided.



Click on 'Approved Pharmacy' if this authority is to update details of permitted persons already provided for an approved pharmacy.

Depending upon your selections, you will be asked to enter either your PBS Tracking Number or your Approval Number.

Upload Details

Category *

Pharmacists

Sub-category *

Notification of bank account details for an approved pharmacist

Is the form for an Existing Application or an Approved Pharmacy? *

☒ Existing Application ☐ Approved Pharmacy

PBS Tracking Number *

PBS-APP-0001234

Description

Provide a brief description of the attached documents and any other relevant details.

Upload Details

Category *

Pharmacists

Sub-category *

Authority to permit person(s) to enquire and/or sign claim forms on behalf of an approved pharmacist

Is the form for an Existing Application or an Approved Pharmacy? *

☐ Existing Application ☒ Approved Pharmacy

Approval Number *

12345X

Description

Provide a brief description of the attached documents and any other relevant details.

- Enter your PBS Tracking Number or Approval Number, as applicable.



As the PBS Tracking Number field is case sensitive, please enter this number in full and exactly as it appears in the Portal. This will ensure your submission is linked to your application.

For all other sub-categories, the following screen will be displayed. (In this example, 'Notification of change of pharmacy registered business (trading) name' is the selected sub-category.)

Upload Details

Category *
Pharmacists

Sub-category *
Notification of change of pharmacy registered business (trading) name

Reference No.
e.g. PBS tracking number, Application number, Approval number, Provider number

Description
Provide a brief description of the attached documents and any other relevant details.

- Enter your PBS tracking number, Application number, Approval number or Provider number in the 'Reference No.' field.



Please ensure you enter the PBS tracking number or Application number exactly as it appears in the Portal (if applicable). If you do not have a reference number of any type, please enter your telephone number.

- While 'Description' is not a mandatory field, if you have selected the sub-category 'Supporting documentation for my application', please provide details of the documents you will be attaching and any other relevant details.
- If you are not signed in, enter the verification code.

xNWPGNV
Generate a new image
Play the audio code

xNWPGNV Enter the code from the image

Save and Next

- When you have entered all the required information, click on 'Save and Next'.

7 Adding files and uploading your documents



Please do not upload documents that are password protected.



Please do **not** upload multiple unrelated PDF forms to a sub-category.

PDF forms must be uploaded separately so that the unique details are captured in each case. This allows the form to be linked to the correct application or approval number for processing. If you upload multiple forms to a sub-category, they may not be processed.



Multiple supporting documents, if requested, are permitted under the sub-category 'Supporting documents for my application'.



Each upload must be less than 50 MB. If you are uploading several files under 'Supporting documents for my application', or attachment(s) to a PDF form, their combined size must be less than 50 MB.

After you click on 'Save and Next', the following screen will be displayed:

- Click on 'Add files'.

The following screen (or similar depending on your browser) will be displayed:

- Add files by clicking on the 'Browse' or 'Choose Files' button (depending on your browser).



The 'Overwrite existing files' checkbox defaults to selected. If you do not wish to overwrite a file of the same name already uploaded, ensure you uncheck this box before adding files.

- Double-click or open the selected file(s). The following screen will then display the file name (or number of files if more than one):

Add files ✕

Please do not upload multiple unrelated forms to a sub-category. Forms must be uploaded separately so that the unique details are captured in each case. If you upload multiple forms to a sub-category, they may not be processed.

Choose files Browse... 14 MB - Test 3.DOCX

☒ Overwrite existing files

Add files Cancel

- Click on the 'Add files' button once more to complete the upload.



If you attempt an upload that is more than 50 MB you will receive an error message. To continue, click on the 'Cancel' button and try again with an upload that is less than 50 MB.

After you click on 'Add files', your uploaded documents will be listed on the following screen:

Upload Document(s) i

Use this facility to submit additional documents relating to your application and/or submit a completed PDF form and supporting documents.
IMPORTANT: Additional information provided in support of a previously submitted application to supply pharmaceutical benefits, that has not been requested by the Department or provided at the time of application submission will not be considered or placed on your application file.

Add files

Name ↑	Modified
14 MB - Test 3.DOCX (14117 KB)	less than a minute ago

Previous Submit

- If you need to delete an uploaded file, click on adjacent to that file name, and click on delete.

Upload Document(s) i

Use this facility to submit additional documents relating to your application and/or submit a completed PDF form and supporting documents.
IMPORTANT: Additional information provided in support of a previously submitted application to supply pharmaceutical benefits, that has not been requested by the Department or provided at the time of application submission will not be considered or placed on your application file.

Add files

Name ↑	Modified
14 MB - Test 3.DOCX (14117 KB)	less than a minute ago

Previous Submit

- Once you have uploaded your documents, click on 'Submit'. The following notice will be displayed:

IMPORTANT NOTICE

Please ensure information provided is correct. Incorrect submissions will be deactivated and a new submission required.

Continue
Cancel

- If you are ready to submit your uploaded documents, click on 'Continue'.

After you click on 'Continue', you will receive acknowledgement that your submission has been sent successfully.

If you **are signed in**, you will see the following acknowledgement screen and be able to view and monitor progress of your submission from My Dashboard/Uploaded Documents:

Upload Document(s)

Thank you!

Your submission has been successfully sent. You can monitor progress of your upload documents submission via the dashboard view in the PBS Approved Suppliers Portal.

My Dashboard

Draft Applications
Submitted Applications
Finalised Applications
Uploaded Documents

You can select and view details for your submitted upload documents from the list below.

Category	Sub-Category	Reference No.	Status	Date Submitted ↓	Actions
Pharmacists	Notification of change of pharmacy registered business (trading) name	PBS-APP-00001234	Submitted	19/03/2021 12:14:53 PM	View Details

If you click on 'View Details', you will be able to view the following details:

Upload Documents(s)

Date Submitted

Status

Contact Details

First name

Last name

Email

Phone number

Upload Details

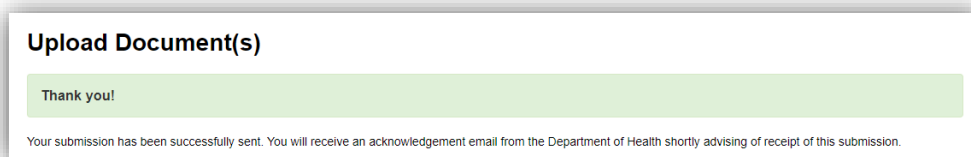
Category

Sub-category

Reference No.

Description

If you are **not signed in**, you will see the following acknowledgement screen and receive email confirmation of your submission.



8 Contact us

If you have any questions about using the PBS Approved Suppliers Portal, PDF forms or Upload Document(s) function, please send an email with details of your enquiry to PBSApprovedSuppliers@health.gov.au, quoting the PBS tracking number, Application number, Approval number or Provider number (as applicable).