



Australian Government

Department of Health,
Disability and Ageing

Authorise pharmacist(s) to sign claim forms on behalf of a hospital authority

Purpose of this form

If you are acting on behalf of a hospital authority approved under section 94 of the *National Health Act 1953* (Act), complete this form to update or provide details to the Australian Government Department of Health, Disability and Ageing (department) to:

- authorise a pharmacist(s) to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on behalf of the hospital authority; and/or
- request removal of previously authorised pharmacist(s).

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.
For assistance completing this form, email details of your enquiry to pbsapprovedsuppliers@health.gov.au.

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 by a registered and signed in Portal user.

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 will not be processed.

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 authorisation for specified pharmacist(s) to sign pharmaceutical benefit claim forms and endorse pharmaceutical benefit prescriptions on behalf of a hospital authority; and/or your request for removal of a previously authorised pharmacist(s).

If you do not provide this information, the department will not be able to process your authorisation and/or request.

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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal.

Hospital details

'Hospital authority' means the governing body of a public hospital or the proprietor of a private hospital.

This **is not** the name of the hospital.

The details in this section must be consistent with the details recorded by the department for the PBS approval number provided at question 2.

1 Hospital authority name

2 PBS approval number (if known)

3 Hospital name

4 Hospital address

 Postcode

Contact person's details

This is the person authorised to discuss details on this form.

5 Dr Mr Ms Other

Family name

First given name

6 Position held

7 Daytime phone number

Mobile phone number

Email

Declaration

10 I declare that:

- the information I have provided in this form is complete and correct.
- I am authorised to sign this form on behalf of the hospital authority named at question 1, in respect of the hospital named at question 3.

I understand that:

- giving false or misleading information is a serious offence.

I authorise the pharmacist(s) whose details and signature(s) are provided at question 8, to:

- sign pharmaceutical benefit claim forms, and
- endorse pharmaceutical benefit prescriptions

on behalf of the hospital authority named at question 1, in respect of the hospital named at question 3.

Name

Signature



Date

Position held

Contact phone number