



# Authority to authorise pharmacist(s) to sign claim forms on behalf of approved pharmacist(s)

## Purpose of this form

Complete this form if you are an approved pharmacist(s) and business owner(s) of a pharmacy approved under section 90 of the *National Health Act 1953*.

Use this form to:

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

## For more information

Go to [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers). For assistance completing this form, call **02 6289 2419** (call charges may apply) or email [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au) and a departmental officer will contact you.

## Returning your form

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

This authority form must be lodged through the Health Data Portal [dataportal.health.gov.au](http://dataportal.health.gov.au).

For further information on how to lodge your form visit [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers). Please do **not** email your form as emailed forms may 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 Australian Government Department of Health (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](http://www.health.gov.au/pbsapprovedsuppliers/forms-privacy).

## Approved pharmacist(s)

### 1 Give details of all approved pharmacists and/or business owners

#### Approved pharmacist 1

Dr  Mr  Ms  Other

Family name

First given name

#### Approved pharmacist 2

Dr  Mr  Ms  Other

Family name

First given name

#### Approved pharmacist 3

Dr  Mr  Ms  Other

Family name

First given name

#### Approved pharmacist 4

Dr  Mr  Ms  Other

Family name

First given name



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

## Approved premises

### 2 PBS approval number

### 3 Address of pharmacy premises


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Postcode



## Declaration

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### 6 I/we declare that:

- the information 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 above, in accordance with Part VII of the *National Health Act 1953* and the regulation made under the *National Health Act 1953*.

### I/we understand that:

- giving false or misleading information is a serious offence.

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

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

Signature of approved pharmacist 1

Date

Signature of approved pharmacist 2


Date

Signature of approved pharmacist 3

Date

Signature of approved pharmacist 4

Date

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