



medicare



Applying for Approval to Supply Pharmaceutical Benefits at a Particular Premises

Purpose of this form

Complete this form if you are applying for approval to supply pharmaceutical benefits at a particular premises under section 90 of the *National Health Act 1953* in any of the following circumstances:

- expanding or contracting approved pharmacy premises
- relocating an approved pharmacy
- relocating an approved pharmacy (with a change of ownership),
or
- establishing a new pharmacy.

For change of ownership of a pharmacy only applications, please use ***Applying for Approval Change of Ownership of a Pharmacy (not involving relocation)*** form (PB008) at humanservices.gov.au/healthprofessionals/services

Applicants should refer to the ***Pharmacy Location Rules - Applicant's Handbook*** before completing this form. The Applicant's Handbook provides information about the Pharmacy Location Rules and what types of documentation must be attached when submitting this form.

You should ensure that you have a current copy of the Applicant's Handbook. If you do not have a copy of the Handbook:

- go to health.gov.au/ACPA or
- call the Australian Community Pharmacy Authority (ACPA) secretariat on **02 6289 2419**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

For more information

For more information, go to humanservices.gov.au/healthprofessionals/services or for assistance completing this form call **132 290** Monday to Friday, between 8.30 am and 5.00 pm, local time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

It is the applicant(s) responsibility to ensure that the application is complete as declared at question 25 of this form, before it is sent to the Australian Government Department of Human Services. The date an application is taken to have been made, is the date it is determined to be complete and is registered by us.

Scan and email the completed form to:

nsw.pbs.approval.clerk@humanservices.gov.au

or

for more information contact a Pharmacy Program Officer on **132 290**.

Applications lodged to the Australian Government Department of Human Services cannot exceed 100 Mb of the email and all attachments, and may/can be zipped to reduce overall size.

Please retain a copy of your application for your records.

Pharmacy Location Rule

- 1** You must indicate the Pharmacy Location Rule under which you are applying

Expanding or contracting approved pharmacy premises

Rule 121 Expansion or contraction

In accordance with section 90 (3AE) of the *National Health Act 1953* most applications under this Rule are not referred to the ACPA.

OR

Relocating an approved pharmacy

Rule 122 (within a facility)

Rule 123 (within the same town – 10 km)

Rule 124 (short distance – 1 km)

On the date an application is made, one or more approvals in respect of the existing approved premises described at question 18 must have been in force for at least 2 years. If not, please tick the Rule under which an exemption is being claimed:

relocating within the same facility

relocating within the same town

existing premises being renovated or refurbished

returning to renovated or refurbished premises

exceptional circumstances (e.g. existing premises damaged by fire or flood)

If this application is for a relocation, does it involve a change of ownership?

No

Yes

OR

Establishing a new pharmacy

Rule 130 (at least 1.5 km)

Rule 131 (at least 10 km)

Rule 132 (additional pharmacy at least 10 km)

Rule 133 (small shopping centre)

Rule 134 (large shopping centre)

Rule 135 (large private hospital)

Rule 136 (large medical centre)

Applicant(s) details

- 2** An applicant includes an individual, company, friendly society, body corporate, trust or the like. Registration number is the number issued by the Pharmacy Board of Australia.

The full name (given name and family name) of each individual or the full company name, friendly society name or the like, is to be provided.

Applicant 1

Dr Mr Mrs Miss Ms Other

Family/company name

First given name

Registration number (individual applicant only)

Applicant 2

Dr Mr Mrs Miss Ms Other

Family/company name

First given name

Registration number (individual applicant only)

Applicant 3

Dr Mr Mrs Miss Ms Other

Family/company name

First given name

Registration number (individual applicant only)

Applicant 4

Dr Mr Mrs Miss Ms Other

Family/company name

First given name

Registration number (individual applicant only)



If there are more than 4 applicants, attach a separate sheet with details.

3 Is/Are the applicant(s) named at question 2 a company, friendly society, body corporate, trust or the like?

No **Go to 5**

Yes Please specify

Tick ALL that apply

Company

Friendly society

Body corporate

Trust

Other Provide details


4 Authorised person(s) details

1. Which applicant is being represented?	
Full name (given names and family name) of person(s) authorised to act on behalf of the above.	Registration number

I/We have attached evidence (e.g. Australian Securities and Investments Commission ASIC report) confirming my/our authority to act on behalf of the above.

2. Which applicant is being represented?	
Full name (given names and family name) of person(s) authorised to act on behalf of the above.	Registration number

I/We have attached evidence (e.g. Australian Securities and Investments Commission ASIC report) confirming my/our authority to act on behalf of the above.

 If there are more than 2 companies, friendly societies etc, attach a separate sheet with details.

Applicant(s) contact details

You must provide the contact details of an applicant or an authorised person who is authorised to discuss this application for one or more of the applicants.

5 Dr Mr Mrs Miss Ms Other

Family name

First given name

6 Postal address

Town/Suburb	Postcode

7 Daytime phone number

Mobile phone number

Fax number

Email

Authorised representative

8 Has a person, other than the applicant(s)/authorised person(s), been authorised to act on behalf of one or more of the applicants?

No **Go to 13**

Yes

9 Authorised representative details

Dr Mr Mrs Miss Ms Other

Family name

First given name

10 Company name

Applicant(s) represented in question 1 (e.g. Applicant 1, 2, 3.)

11 Postal address

Town/Suburb	Postcode

12 Daytime phone number

()

Mobile phone number

Fax number

()

Email

@

Representative's signature



Proposed premises

This section must be completed for all applications

13 Pharmacy trading name

14 Address of proposed pharmacy premises

Town/Suburb Postcode

15 I/We request approval to supply pharmaceutical benefits at the proposed premises with effect from:

/ / (anticipated opening date)

Next steps

If this application is being made under:

Rule 121 (expansion or contraction) or

Rules 122 to 124 (relocations) **Go to 16**

Rules 130 to 136 (new pharmacy), **Go to 25**

Questions 16 to 24 are to be completed by the current owner(s) of the existing approved premises (complete for expansion or contraction or relocation of an existing pharmacy)

Existing approval premises

16 PBS approval number

17 Pharmacy trading name

18 Address of pharmacy premises

Town/Suburb Postcode

Current owner(s)

19 All current approved pharmacist(s) or persons acting on behalf of a company, friendly society, body corporate, trust or the like must be named.

Current owner 1

Family name

First given name

Current owner 2

Family name

First given name

Current owner 3


Family name

First given name

Current owner 4

Family name

First given name

 If there are more than 4 current owners attach a separate sheet with details.

Current owner(s) contact details

20 Name of a current owner that we can discuss this application with.

Family name

First given name

21 Postal address

Town/Suburb	Postcode

22 Daytime phone number

Mobile phone number

Fax number

Email

Privacy notice

23 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

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 of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

Current owner(s) declaration and request

24 I/We declare that:

- the information provided in this form is complete and correct.

I/We request that:

- My/Our approval under section 90 of the *National Health Act 1953* (the Act) to supply pharmaceutical benefits at the premises described in question 15 be cancelled under section 98 of the Act with effect immediately prior to granting an approval to the applicant(s) in respect of the same premises.

I/We understand that:

- giving false or misleading information is a serious offence.

Signature of current owner 1

Date

Signature of current owner 2


Date

Signature of current owner 3

Date

Signature of current owner 4

Date

 If there are more than 4 current owners attach a separate sheet with details.

Applicant(s) declaration

25 I/We declare that:

- I/we and/or my/our authorised representative nominated at question 9 have read the **Pharmacy Location Rules – Applicant's Handbook**.
- the documentation needed to satisfy the requirements of the Rule nominated at question 1, is attached.
- the information provided in this form is complete and correct.

I/We understand that:

- giving false or misleading information is a serious offence.
- an application made under section 90 of the *National Health Act 1953* for approval to supply pharmaceutical benefits at a particular premises (the proposed premises), comprises this form and all documentation as specified in the **Pharmacy Location Rules – Applicant's Handbook** for the Rule nominated at question 1.
- the date an application is taken to have been made, is the date it is determined to be complete and is registered by the Australian Government Department of Human Services.
- documentation related to this application which I/we send to the Australian Government Department of Human Services or the Australian Community Pharmacy Authority after the date the application is registered, will not be considered by the Australian Community Pharmacy Authority.

Signature of applicant 1

Date

Signature of applicant 2

Date

Signature of applicant 3

Date

Signature of applicant 4

Date



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

You must lodge your PBS claims online. See **Online Claiming for Pharmaceutical Benefits Scheme Application and Terms and Conditions** form (PB010) and send it together with this application.

For more information on conducting a business in an online environment go to **staysmartonline.gov.au**

Office use only

Date received

If this form is complete and the applicant(s) has/have declared the application complete at question 25

Date registered

Application number allocated

PPO initials

If this form is not complete, why?

Online claiming for Pharmaceutical Benefits Scheme Application and Terms and Conditions

Purpose of this form

Complete this form and agree to the terms and conditions to register for Online claiming for Pharmaceutical Benefits Scheme (PBS).

This form and terms and conditions must only be completed for 1 premises. For multiple premises, complete a separate form and terms and conditions. This form may be used by applicants approved or seeking approval as a:

- pharmacist (section 90 of the *National Health Act 1953*)
- medical practitioner (section 92 of the *National Health Act 1953*), **or**
- hospital authority (sections 94 or 100 of the *National Health Act 1953*).

Online claiming for PBS

A claim may be lodged at any time during the month to the Australian Government Department of Human Services. Unless other arrangements have been made with the Department of Human Services, all the following conditions apply:

- only 1 claim can be lodged per month
- the claim period shall cover pharmaceutical benefits supplied during 1 month
- the claim shall be lodged within 30 days from when benefits were supplied, **and**
- no more than 3,500 prescriptions are permitted in a single claim period.

We will assess each online claim received and respond electronically with a return message. The return message will either:

- verify that the information contained in the online claim is consistent with our records and advise whether the claim will be paid, **or**
- advise of errors within the claim and that no payment will be made unless the errors are rectified.

Once a claim period has been closed, we will make reconciliation statement data available to you.

You will be required to retain all prescriptions and claim paperwork in paper or electronic form for a period of 2 years from date of supply.

For more information

For more information, go to humanservices.gov.au/healthprofessionals or for assistance completing this form call **132 290** Monday to Friday, between 8.30 am and 5.00 pm, local time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

For more information on conducting a business in an online environment, go to staysmartonline.gov.au

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Scan and email the completed form to:

nsw.pbs.approval.clerk@humanservices.gov.au

Applicant's details

1 Australian Business Number (ABN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2 PBS approval number (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 Business/hospital authority name

<input type="text"/>
<input type="text"/>

4 Hospital name (if applicable)

<input type="text"/>

Address details

5 Provide the physical address of the premises being registered for Online claiming for PBS, in respect of an approval under section 90 (pharmacist), section 92 (medical practitioner), section 94 or Section 100 (hospital authorities) of the *National Health Act 1953*.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

6 Business/hospital authority postal address (if different to above)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Business/hospital authority email address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Contact details

7 Dr Mr Mrs Miss Ms Other

Family name

First given name

8 Daytime phone number

Email

Authorised contact person details

9 Dr Mr Mrs Miss Ms Other

Family name

First given name

10 Position held

11 Daytime phone number

Mobile phone number

Email

12 Make sure you have read the Privacy notice on page 3.

Signature

Date

Terms and conditions

In these terms and conditions, a reference to 'I', 'me' or 'my' is to be construed as a reference to the parties agreeing to these terms and conditions and to any parties acting on their behalf.

1. In consideration for being granted access to Online claiming for PBS, I agree:
- to comply with these terms and conditions for Online claiming for PBS
 - that the Department of Human Services may change or add to these terms and conditions at any time, by giving me notice by mail, fax or electronically. A notice given electronically, includes a message sent to my business email address (as held in the records of the Department of Human Services) or published on the Department of Human Services website humanservices.gov.au
 - that if I use Online claiming for PBS after I have been notified of a change or addition to these terms, I will be taken to have agreed to that change or addition in respect of all uses of Online claiming for PBS after that date. These terms may not be changed orally or by conduct
 - to use a version of a software product approved by the Department of Human Services when using Online claiming for PBS. I understand that the Department of Human Services may revoke its approval of a version of a software product at any time
 - that by approving a particular version of a software product, the Department of Human Services is not representing that the product, or any version of the product, is suitable for any purpose or meets any quality standards
 - that the Department of Human Services may, from time to time, change its technical requirements in relation to the use of Online claiming for PBS, which may require me to upgrade my software
 - that the Department of Human Services is not responsible for any costs, losses or damage I incur in connection with the Online claiming for PBS systems. This includes, without limitation, communication costs, support costs, software acquisition costs or other costs or losses associated with the Online claiming for PBS system including the system being from time to time fully or partially inoperative or inaccessible, or suffering from any fault, malfunction, virus, incursion or other event
 - to make sure all communications I send to the Department of Human Services using Online claiming for PBS are signed and secured using Public Key Infrastructure software approved by the Department of Human Services at the time of the communications and my Public Key Infrastructure Site Certificate, is valid at the time of the communication
 - to make sure my Public Key Infrastructure Site Certificate is loaded into my software in accordance with instructions and stored in a secure place once loaded
 - that I will retain, for at least 2 years, and promptly make available to the Department of Human Services on request, any prescription which is the subject of Online claiming for PBS
 - that I must comply with the *National Health Act 1953* and other legislation including, but not limited to, Acts, Rules and Regulations

- l) that if I use Online claiming for PBS to adjust or correct information in respect of a claim previously lodged with the Department of Human Services, the Department of Human Services may make an amendment to the amount which may become payable to me
- m) that the Department of Human Services may at any time, at its absolute discretion, restrict, suspend or terminate my access to Online claiming for PBS with the Department of Human Services, or impose additional requirements regarding retaining and providing supporting documentation in respect of any past or future online claim, whether because of a breach of these terms and conditions or for any other reason
- n) that I may terminate this agreement with the Department of Human Services by giving written notice to the Department of Human Services. I understand that I will not be able to conduct transactions with the Department of Human Services using Online claiming for PBS after I give such notice
- o) that if this agreement is terminated, my obligations under these terms and conditions will continue in respect of any claims I made using Online claiming for PBS before the date of termination
- p) that any use of Online claiming for PBS by myself or any person acting on my behalf, is deemed to be an authorised use by me.
2. I acknowledge and agree that the consideration I have received for agreeing to these terms and conditions is sufficient and that these terms and conditions are legally binding on me.
3. These terms and conditions are issued under and are to be construed in accordance with the laws in force from time to time in the Australian Capital Territory. All parties submit to the exclusive jurisdiction of the courts of the Australian Capital Territory and courts of appeal from them. Neither party will object to the exercise of jurisdiction by those courts on any basis.

Privacy notice

- 13 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

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 of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

14 I declare that:

- I have read and agreed to the terms and conditions.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's full name

Applicant's signature

Date