



**medicare**



# Application for approval to prescribe medications under the Pharmaceutical Benefits Scheme as an authorised optometrist

## Purpose of this form

Complete this form if you are an optometrist seeking approval under section 84 (AAB) of the *National Health Act 1953* to prescribe medications under the Pharmaceutical Benefits Scheme (PBS).

## For more information

For more information, go to our website [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or email [medicare.prov@humanservices.gov.au](mailto:medicare.prov@humanservices.gov.au)

If you need assistance completing this form call **132 150** Monday to Friday, between 8.30 am to 5.00 pm, Australian Eastern Standard 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

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form. Your application will be returned to you if all relevant information and/or supporting documentation is not supplied.

Send the completed form to:

**Department of Human Services  
Provider Eligibility Section  
GPO Box 9822  
in your capital city**

or

Fax:

NSW/ACT	<b>02 9895 3439</b>	WA	<b>08 9214 8201</b>
VIC	<b>03 9605 7984</b>	QLD	<b>07 3004 5634</b>
SA/TAS	<b>08 8274 9307</b>	NT	<b>08 8922 6322</b>

Where applications are faxed, you must retain your original documents for auditing purposes.

## Applicant's details

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

2 Your date of birth

3 Your sex

Male

Female

4 Provider number

## Personal contact details

5 Postal and/or email address to be used for:

**Tick ONE only**

this application only

general correspondence

6 Street address

  

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Postcode

or

Postal address

  

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Postcode

Email

7 Business phone number

Mobile phone number

Fax number

## Attachments

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Attach written confirmation that you are endorsed to prescribe medication. The endorsement must be from the optometrist registration authority in the state or territory in which you intend to prescribe pharmaceutical benefits.

## Privacy notice

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9 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](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration

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10 I declare that:

- 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

### Office use only

Approved by

Date

Authorised optometrist's prescriber number

Advice of approval despatched