Australian Government
Department of Human Services

medicare

PBS

Application for temporary approval to supply pharmaceutical benefits by a registered medical practitioner

Purpose of this form

Complete this form if you are a registered medical practitioner and wish to apply for temporary approval to supply pharmaceutical benefits in a particular area under section 92 of the *National Health Act 1953*.

Important information

Only one full-time or equivalent part-time medical practitioner can have section 92 approval for a practice.

The medical practitioner must:

- be practising medicine, or intending to practise medicine, in the area for which approval is being sought
- hold a current registration with the relevant state or territory medical board, **and**
- be willing to supply PBS medicines to any person in that area who presents with a valid PBS prescription.

In assessing your application, the Australian Government Department of Human Services may contact surrounding pharmacies for comment and also your local council.

It is important to note that where an approval is granted to a medical practitioner, it will remain in effect until the nominated end date on the approval, or until an approved pharmacy opens in the particular area. In this event the section 92 approval will be cancelled as required under section 98 of the *National Health Act 1953*.

For more information

For more information, go to our website **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 ✗
- 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.

Send the completed form to:

Department of Human Services
Pharmacy Approvals
GPO Box 9826
in your capital city

or

Scan and email to:
nsw.pbs.approval.clerk@humanservices.gov.au

Applicant's details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

2 Postal address

Postcode

3 Daytime phone number

( )

Mobile phone number

Fax number

( )

Email

@

4 Registration details

State or territory of registration

Medical registration certificate number

Date of registration

/ /

5 Request for approval under section 92 of the *National Health Act 1953* to supply pharmaceutical benefits as a temporary medical practitioner as there is no permanent medical practitioner approved to supply PBS medicines:

In the area of

At the practice of (address)

Postcode

Practice phone number

( )

Dates for approval

From / / to / /

6 Location of the nearest pharmacy

Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

7 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

8 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

9 **I declare that:**

- the information I have provided in this form is complete and correct.
- I am a registered medical practitioner.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date

/ /