



Residential Medication Management Review Multiple-lodgement claim



OFFICE USE ONLY

Important information

Complete one claim form for each accredited pharmacist providing Residential Medication Management Review (RMMR) services.

The pharmacist only approval code for exceptional circumstances is pre approved by the Department of Health and Ageing. For more information go to www.health.gov.au

If you need assistance completing this form go to www.medicareaustralia.gov.au/rmmr or call **08 8274 9641** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement
Send the completed form to:
Community Pharmacy Agreement Officer
PO Box 9826
ADELAIDE SA 5001 or fax to: **08 8274 9373**

Print in **BLOCK LETTERS**

Claim ID number

1 Pharmacy approval number or program ID number

2 Aged care facility ID

3 Accreditation certificate number

4 Claimant's reference number

5 Approved RMMR service provider full name

6 Name of aged care facility

7 Accredited pharmacist full name

8 Claimant's contact number

	Medicare or DVA file number (include all 11 digits if using Medicare number)	Patient's first given name	Patient's family name	Patient's date of birth	RMMR review date	Pharmacist only approval code	Provider number of requesting general practitioner (GP)	Full name of requesting GP	Completed RMMR Report sent to GP
a	<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"/>
b	<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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Declaration

9 I declare that:

- the information on this form is correct
- the RMMR services being claimed were conducted in accordance with the program application and terms and conditions.

I understand that:

- this application cannot be assessed unless all of the information requested on this form is completed
- giving false or misleading information is a serious offence.

If you are an accredited pharmacist and also the approved service provider, you must sign twice

Director of nursing or authorised representative signature

Date

Accredited pharmacist signature

Date

Approved RMMR service provider signature

Date