



medicare



# Medication Management Review programs Change of Details form

## Important information

Complete this form to change any one, or all, of your Residential Medication Management Review (RMMR), Quality Use of Medicines (QUM) and/or Home Medicines Review (HMR) service provider details.

## Section 90 pharmacies

A Section 90 pharmacy is a pharmacy at which an approved pharmacist is permitted to conduct business. Under Section 90 of the *National Health Act 1953*, pharmacists must be able to supply pharmaceutical benefits on request from that particular premises.

This form enables Section 90 Medication Management Review (MMR) service providers to:

- change the details of registered/accredited pharmacist(s)
- add new registered/accredited pharmacist(s), and
- cease existing registered/accredited pharmacist(s)
- notify the Australian Government Department of Human Services (Human Services) of a change in name of an associated aged care facility (RMMR and QUM only).

A pharmacy which changes its Section 90 approval number will need to reapply for the appropriate MMR program(s) within 60 days in order to be paid by Human Services. The combined MMR application is available at [www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/medication-management-review.jsp](http://www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/medication-management-review.jsp)

## Business details (non-Section 90 pharmacy)

An MMR business is a business or independent pharmacist approved as an MMR service provider that is not a pharmacy business conducted at the particular premises of which a pharmacist is approved under Section 90 of the *National Health Act 1953*. This form enables all business providers to change their relevant MMR program business details, as for Section 90 pharmacies, and also change:

- authorised person's contact details
- bank account details
- address details.

## Electronic funds transfer

We must be notified in writing, of changes to the Branch number (BSB) and account details at least five working days before the changes take effect. We will not be responsible for any delays or errors in payment due to factors outside of our reasonable control such as delays or errors in the banking system, or errors with the account details provided by you.

If the electronic funds transfer (EFT) payment is returned to us, we will reprocess the payment within five working days (subject to receiving the correct BSB and account details). The approved person(s) agree to repay us any payments credited to the approved person(s) in error upon receiving notice from us for payment.

## Assistance

For more information about the MMR go to [www.humanservices.gov.au](http://www.humanservices.gov.au) If you need assistance completing this form 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  
Pharmaceutical Benefits Branch  
Department of Human Services  
GPO Box 9826  
ADELAIDE SA 5001**

or fax to: **08 8274 9373**

Print in **BLOCK LETTERS**

Tick where applicable

## Service details

**1** What service(s) does this form relate to (**tick all that apply**):

RMMR service provider

QUM service provider

HMR service provider

## Program details

**2** Pharmacy name (for Section 90 pharmacies only)

**3** Section 90 approval number (for Section 90 pharmacies only)

**Section 90 pharmacies go to 10**

**4** Service provider ID/approval number (for businesses only)

RMMR

QUM

HMR

**5** Business name (for businesses only)

## Change of authorised person's contact details

Section 90 pharmacies cannot change authorised person's contact details via this form.

**6** Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

**7** Daytime phone number

Mobile phone number

Email

  
@

## New bank account details

Section 90 pharmacies cannot change bank details via this form.

Payments cannot be made to credit card, loan or mortgage accounts.

**8** Name of bank, building society or credit union

Branch where the account is held

(BSB)

 - 

Account number (this may not be the card number)

Account held in the name(s) of

## Change of business address details

Section 90 pharmacies cannot change address details using this form.

**9** New business address

  
-----  
-----  
Postcode

Only complete new postal address details if different to new business address details above.

New postal address

  
-----  
-----  
Postcode

## Pharmacist details

Complete this section to update the details of the pharmacist(s) conducting MMR services on behalf of the service provider.

You must provide accreditation details, including a copy of the accreditation certificate, for each pharmacist conducting RMMR and HMR services.



If there are changes for more than three pharmacists, attach separate sheets with details for additional pharmacists.

## 10 Pharmacist one details

I would like to **(tick one only)**:

Change pharmacist details

Add new pharmacist

Cease existing pharmacist

Service(s) this pharmacist is associated with **(tick all that apply)**:

RMMR  QUM  HMR

Family name

First given name

National AHPRA registration number

Accreditation for pharmacist one (required for RMMR and HMR)

Accreditation number

Start date of accreditation

Expiry date of accreditation

Date commencing services with service provider

Date ceasing services with service provider

I have attached a copy of the accreditation certificate for this accredited pharmacist

Please specify the aged care facility/facilities this pharmacist is associated with (required for RMMR and QUM only)

1) Aged care service ID 1

Name of aged care facility 1

2) Aged care service ID 2

Name of aged care facility 2

3) Aged care service ID 3

Name of aged care facility 3



If the change applies to more than three aged care facilities attach a separate sheet with details.

### Pharmacist two details

I would like to **(tick one only)**:

Change pharmacist details

Add new pharmacist

Cease existing pharmacist

Service(s) this pharmacist is associated with **(tick all that apply)**:

RMMR  QUM  HMR

Family name

First given name

National AHPRA registration number

Accreditation for pharmacist two (required for RMMR and HMR)

Accreditation number

Start date of accreditation

Expiry date of accreditation

Date commencing services with service provider

Date ceasing services with service provider

I have attached a copy of the accreditation certificate for this accredited pharmacist

Please specify the aged care facility/facilities this pharmacist is associated with (required for RMMR and QUM only)

1) Aged care service ID 1

Name of aged care facility 1

2) Aged care service ID 2

Name of aged care facility 2

3) Aged care service ID 3

Name of aged care facility 3



If the change applies to more than three aged care facilities attach a separate sheet with details.

### Pharmacist three details

I would like to **(tick one only)**:

Change pharmacist details

Add new pharmacist

Cease existing pharmacist

Service(s) this pharmacist is associated with **(tick all that apply)**:

RMMR  QUM  HMR

Family name

First given name

National AHPRA registration number

Accreditation for pharmacist three (required for RMMR and HMR)

Accreditation number

Start date of accreditation

Expiry date of accreditation

Date commencing services with service provider

Date ceasing services with service provider

I have attached a copy of the accreditation certificate for this accredited pharmacist

Please specify the aged care facility/facilities this pharmacist is associated with (required for RMMR and QUM only)

1) Aged care service ID 1

Name of aged care facility 1

2) Aged care service ID 2

Name of aged care facility 2

3) Aged care service ID 3

Name of aged care facility 3



If the change applies to more than three aged care facilities attach a separate sheet with details.

## Notification of change of aged care facility name (RMMR and QUM only)

- 11** Provide details of any change of name for an aged care facility with which you have a current service agreement.

Aged care service identification

Previous aged care facility name

New aged care facility name

A change of aged care facility service identification number requires a new MMR programs service provider application form and service agreement.

## Declaration

- 12** This declaration relates to the following service(s) which I/we provide (**tick all that apply**):

RMMR service provider

QUM service provider

HMR service provider

**I/we understand that:**

- Giving false or misleading information is a serious offence.

**I/we declare that:**

- I/we have read and agreed to the conditions for use of electronic funds transfer, and where bank account details have been completed in section 8, request that the Department of Human Services make payments by electronic funds transfer to the nominated account
- I/we have read and agreed to abide by the terms and conditions available on the Medicare website for the service program(s)
- I/we have been given permission to pass on the details of the pharmacist(s) included in this form to the Department of Human Services and any other relevant authority, and
- the information on this form is true and correct.

All owners of a Section 90 pharmacy or business (non-Section 90 pharmacy) must sign this form.

**Owner one**

Full name
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

**Owner two**

Full name
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

**Owner three**

Full name
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>



If more than three owner signatures are required attach a separate sheet with details..

## Privacy note

The information provided on this form will be used to change your details for the Residential Medication Management Review, Quality Use of Medicines, and/or Home Medicines Review program(s) you are approved by the Department of Human Services to provide. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to the relevant financial institutions, the Department of Health and Ageing or as authorised or required by law.