



Home Medicines Review claim cover sheet

Important information

The claim cover sheet along with the claim and confirmation for HMR service forms are to be completed by an approved pharmacist, pharmacy owner or authorised person.

The information provided by you on this form will be used to determine your pharmacy's claim for benefits under the Home Medicines Review (HMR) program.

A copy of this cover sheet, related claim and confirmation for HMR service forms must be kept by the community pharmacy for audit purposes.

Assistance

If you need assistance about HMR or for additional copies of this form, call **08 8274 9641** (call charges may apply) or email to **sa.guild.govt.prog@medicareaustralia.gov.au**

Lodgement

Send the completed and signed cover sheet with one or more claim and confirmation for HMR service forms to:

**Community Pharmacy Agreement Officer
Pharmaceutical Benefits Section
Medicare Australia
GPO Box 9826
ADELAIDE SA 5001**

or fax to: **08 8274 9373**

Print in **BLOCK LETTERS**

Tick where applicable

Pharmacy details

1 Pharmacy approval number

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2 Pharmacy name

3 Address of approved premises

Postcode

4 Pharmacy phone number

Mobile phone number

Fax number

Email

5 Claim reference number

6 Number of claims submitted with this cover sheet

Declaration

7 I declare that:

- HMR services were provided to the consumer for whom claims are submitted on the dates indicated
- documentation in support of the claim(s) is available for audit of HMR service payments
- the information provided by me in the claim form(s) is complete and correct.

Print full name

Your signature

Date

Privacy note

The information provided on this form will be used to assess your pharmacy's claim for benefits under the HMR program. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.



Claim and confirmation for Home Medicines Review service

Claim details

- 1 Claim reference number
- 2 Service number of in this claim submission
- 3 Full name of consumer
- 4 Medicare or RPBS number
 Ref. no.
- 5 Prescriber number of referring general practitioner
- 6 Full name of referring general practitioner
- 7 Full name of accredited pharmacist
- 8 Date of service with consumer
 / /
- 9 Location of service
Home
Pharmacy
Other (provide details)
- Note:** A HMR Rural Loading may be payable to pharmacies located within the Pharmacy Accessibility/Remoteness Index of Australia (PhARIA) categories 2 to 6.
- 10 Did the pharmacist travel a round trip of ten kilometres or more to conduct the HMR? (Measured from approved pharmacy address to consumer's residence or other location where this is the consumer's preference or other exceptional circumstances apply).
No
Yes

Declaration

Note: This section is to be completed by the consumer, carer or legal guardian of the consumer to confirm that this HMR service has been provided.

11 I declare that:

- my general practitioner and pharmacist have provided me with information regarding the HMR process
- I consent to my personal information being provided to, and collected by, a pharmacist from my chosen community pharmacy and/or an accredited pharmacist acting on behalf of my community pharmacy for the purposes of the HMR
- I consent to my personal information being gathered through the HMR, and its inclusion in the HMR clinical assessment report
- I consent to the HMR clinical assessment report being sent to my community pharmacy and referring general practitioner.

12 I am the:

- consumer
carer or legal guardian of the consumer

Print full name

Your signature

Date

Privacy note

The information provided on this form will be used to confirm that a HMR service was provided to you by a pharmacist. The collection of this information is authorised by the *National Health Act 1953*. This information will be provided to Medicare Australia to determine payments to the pharmacy claiming benefit under the HMR program and may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.