



# Residential Medication Management Reviews (RMMR) Contract registration change of details

## Important information

Please complete this form if you need to change details of your RMMR registration.  
**Note:** You will need to complete a separate form for each aged care service contract.

**Assistance**  
If you require assistance in completing this form call Medicare Australia on **08 8274 9641** (call charges apply) or visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

**Lodgement**  
Mail completed and signed form to:  
**Community Pharmacy Agreement Officer  
Pharmaceutical Benefits Branch  
Medicare Australia  
PO Box 9826  
Adelaide SA 5001**

## Program details

**Note:** Business entity must complete Q's 1, 2, 5 and 6.  
Section 90 pharmacies must complete Q's 3, 4, 5 and 6.

1 RMMR program ID number

2 Business entity name

3 Section 90 approval number

4 Pharmacy name

5 Aged care service identification (ID)

6 Name of aged care home

## New accredited pharmacist details

I have attached a copy of the accreditation certificate for each new accredited pharmacist.

I have attached a separate sheet to register additional pharmacists.

▶ Complete questions 7 to 14.

**7 Full name of accredited pharmacist**

Family name

First given name

8 Accreditation certificate number

9 Start date of accreditation

10 Expiry date of accreditation

11 State registration number

12 State where registered

13 Date commencing services with RMMR service provider

14 Date ceasing services with RMMR service provider

## Change of accredited pharmacist details

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

I have attached a separate sheet to advise of changed details for additional pharmacists.

▶ Complete questions 15 to 21.

**15 Full name of accredited pharmacist**

Family name

First given name

16 Accreditation certificate number

17 Start date of accreditation

18 Expiry date of accreditation

19 State registration number

20 State where registered

21 Date ceasing services with RMMR service provider

## Ceasing accredited pharmacist

I have attached a separate sheet to advise of additional ceasing accredited pharmacists.

▶ Complete questions 22 to 26.

**22 Full name of accredited pharmacist**

Family name

First given name

23 Accreditation certificate number

24 State registration number

25 State where registered

26 Date ceasing services with RMMR service provider

### Change of aged care home details

**Note:** A new application and agreement must be completed if aged care home ownership changes.

27 Aged Care service ID

28 Name of aged care home

### Declaration

**29 I understand that:**

- the information provided in this application is true and correct.

**I declare that:**

- I/we have read and agree to abide by the terms and conditions available on the Medicare Australia website for the RMMR service program.

**All owners of Section 90 pharmacy or business entity must sign this page.**

### Full name of approved person

Family name

First given name

Approved person's signature

Date

### Full name of approved person

Family name

First given name

Approved person's signature

Date

### Full name of approved person

Family name

First given name

Approved person's signature

Date

**Privacy note:** The information collected on this form will be used to assess your claim for Residential Medication Management Reviews and associated Quality Use of Medicines services. Its collection is authorised by the *National Health Act 1953* and it may be disclosed to the Department of Health and Ageing, or as authorised or required by law.