



Residential Medication Management Reviews (RMMR) Business entity change of details

Important information

To change RMMR registration details, business entities need to complete this form.

Please complete only the details that are changing.

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

Lodgement

Mail completed and signed form to:

**Community Pharmacy Agreement Officer
Pharmaceutical Benefits Branch
Medicare Australia
PO Box 9826
Adelaide SA 5001**

Conditions for use of electronic funds transfer

- Medicare Australia must be notified, in writing, of changes to BSB and account details at least five (5) working days before the change takes effect.
- Medicare Australia will not be responsible for any delays or errors in payment due to factors outside reasonable control of Medicare Australia, such as delays or errors in the banking system or errors with the account details provided by you.
- If the EFT payment is returned to Medicare Australia, Medicare Australia will reprocess the payment within five (5) working days (subject to Medicare Australia receiving correct BSB and account details).
- The approved person(s) agree to repay Medicare Australia any payments credited to the approved person(s) in error upon receiving notice from Medicare Australia for payment.

Program details

- 1 RMMR program ID number
- 2 Business entity name

Authorised person's contact details

- 3 Family name
First given name
- 4 Work phone number
Mobile phone number
Email (optional)
- 5 Permanent address
- 6 Postal address (if different to above)

Bank account details

Note: Medicare Australia will hold one set of bank account details for each business entity.

- 7 Name of bank, building society or credit union
- 8 Branch where your account is held
- 9 Branch number (BSB) -
- 10 Account number (this may not be your card number)
- 11 Account held in the name(s) of

Declaration


12 I understand that:

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

I declare that:

- I/we have read and agree to the conditions for use of electronic funds transfer, and where bank account details have been completed in section 7 to 11, request that Medicare Australia make payments by EFT to the nominated account
- 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 a business entity must sign this page.


 I have attached a separate sheet for additional approved person's signature.

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. Your financial institution account details will be disclosed to the relevant financial institutions to facilitate payment of your claims.