



Rural Pharmacy Maintenance Allowance (RPMA) application form

Pharmacy location

Pharmacy approval number

Pharmacy name

Address of approved premises

Allowance information

- 1) Have any of the applicants previously received a Rural Pharmacy Maintenance Allowance for the premises at the above location?
Yes No (please tick)
- If yes, what was the previous approval number to which the allowance was paid?**
- 2) Do you intend to keep the pharmacy premises open for a minimum of twenty (20) hours over four (4) days per week for forty-eight (48) weeks per year?
Yes No (please tick)

Note: A separate application must be completed in respect of each premise at which the applicant carries on the business of a pharmacist.

Declaration

I/we certify that:

- I/we have attached the Certification Statement stating hours of operation for the previous allowance year and indicate my/our current compliance and intention to continue to comply with these hours for the current allowance year;
- I/we agree to advise Medicare Australia of any change in the operation of my/our pharmacy that may affect the payment of this allowance;
- to the best of my/our knowledge and belief, all information provided on this form is true and correct; and
- I/we have read and understood the 'Information for applicants—Rural Pharmacy Maintenance Allowance'.

Name (Use BLOCK letters)	Signature	Date

Privacy note: The information provided by you on this form will be used to assess your eligibility for benefits under the RPMA program. The collection of this information is authorised under the *National Health Act 1953* and may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, the Department of Human Services, or as authorised or required by law.

Please complete, sign and return this form to:

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