



## Medicare Number Release Form

This form enables up to six Medicare numbers (or Veteran's card numbers) to be released to a pharmacy at the same time.

The numbers may be obtained by completing this form and faxing it to either:

**02 9895 3470** (for NSW, VIC, ACT)

**07 3004 5405** (for QLD, SA, TAS, NT, WA)

Pharmacy approval number	<input style="width: 100%;" type="text"/>
Pharmacy name	<input style="width: 100%;" type="text"/>
Pharmacy fax number	( <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/>
Pharmacy phone number	( <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/>

	OFFICE USE ONLY
Patient Medicare name <input style="width: 100%;" type="text"/>	Medicare/Veteran's card number <input style="width: 100%;" type="text"/>
Patient address <input style="width: 100%;" type="text"/>	Expiry date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <b>20</b> <input style="width: 20px;" type="text"/>
Patient date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Patient Medicare name <input style="width: 100%;" type="text"/>	Medicare/Veteran's card number <input style="width: 100%;" type="text"/>
Patient address <input style="width: 100%;" type="text"/>	Expiry date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <b>20</b> <input style="width: 20px;" type="text"/>
Patient date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Patient Medicare name <input style="width: 100%;" type="text"/>	Medicare/Veteran's card number <input style="width: 100%;" type="text"/>
Patient address <input style="width: 100%;" type="text"/>	Expiry date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <b>20</b> <input style="width: 20px;" type="text"/>
Patient date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
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Patient address <input style="width: 100%;" type="text"/>	Expiry date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <b>20</b> <input style="width: 20px;" type="text"/>
Patient date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
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Patient date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

### Applicant Certification

I certify that I have obtained the informed consent of the above listed patients in order to access their Medicare/Veteran's number(s) from Medicare Australia for the purpose of submitting a claim for payment for pharmaceutical benefits. In obtaining their consent I have advised the patient:

- why the pharmacy requires their Medicare/Veteran's number
- how their Medicare/Veteran's number will be used
- of all the options available to them for obtaining their prescription under the Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme.

I acknowledge that Medicare/Veteran's numbers and expiry dates obtained from Medicare Australia cannot be stored in this pharmacy's computer system without the informed consent of the patient. I recognise that the consent to store a person's Medicare/Veteran's number is separate from the consent of the patient in order to obtain their Medicare/Veteran's number from Medicare Australia.

#### Signature

Name

Date