Australian Government
Medicare Australia

Patient claim for refund

PBS

1 Claimant details

Family name | First given name | Second given name

Your postal address | Postcode

Your contact number (business hours)

Important points

1. All receipts issued by your pharmacist **must be attached** and all documents supporting this claim will be retained by Medicare Australia.
2. If you claim at a Medicare office, you must present your Medicare, Safety Net, Centrelink or Repatriation card with your claim but do not enclose these when claiming by post.
3. If you claim by post, a statement of benefit will be provided automatically with your payment by cheque.
4. **Note:** it is an offence under the *National Health Act 1953* to make a false statement in this claim.
5. For further information contact your nearest Medicare office or the Department of Health and Ageing's PBS Information Line on **1800 020 613****.

** Call charges apply from mobile or pay phones only.

2 Patient's details

Medicare number is required to verify a patient's eligibility to receive Pharmaceutical Benefits

Medicare number (including individual reference number)	Family name	First given name	Date of birth	Safety Net, Repatriation or Centrelink card number
			/ /	
			/ /	
			/ /	
			/ /	

3 I am claiming a refund because:

☐ A Medicare and/or entitlement card was not shown at the pharmacy ☐ The yearly Safety Net threshold has been exceeded (cheque only)

4 Declaration

I declare the following:

- to the best of my knowledge, all the information in this claim is true and correct; and
- I have not previously claimed any refund from Medicare Australia for the medicines that are the subject of this claim.

I also authorise Medicare Australia to contact the pharmacy/s that supplied these medicine/s if clarification of pharmacy receipt details is required.

Privacy note: The information recorded on this form, including your Medicare number and details advised by Centrelink and/or the Department of Veterans' Affairs will be used to assess your entitlement to a refund under the Pharmaceutical Benefits Scheme. The collection of this information is authorised by the *National Health Act 1953* and may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs and the Department of Human Services, or as authorised/required by law.

5 Signature of claimant

Claimant's signature ✍ date / /

To make a claim:

- Go to your nearest Medicare office, or
- Mail to:

Pharmaceutical Benefits Branch
Medicare Australia
GPO Box 9826
in your capital city

6 Agent's authority

Only complete this section if authorising another person to collect a cash refund on your behalf.
(Must be completed by both agent and claimant prior to lodging claim.)

Agent's signature ✍ date / /

Claimant's signature ✍ date / /

Office use only

Operator number | Source office code

Processing date / / | Reference number