



## Purpose of this form

Complete this form to provide payment details if you are applying for approval, under section 90 of the *National Health Act 1953*, to:

- establish a new pharmacy to supply pharmaceutical benefits at particular premises
- relocate (with or without change of ownership) an approved pharmacy supplying pharmaceutical benefits
- change ownership of an approved pharmacy supplying pharmaceutical benefits (not involving relocation)
- expand or contract the size of an approved pharmacy supplying pharmaceutical benefits.

## For more information

Go to [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers).

For assistance completing this form email details of your enquiry to [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au).

## Returning your form

Ensure all questions are answered by the person authorised to provide the payer details.

This form must be lodged through the PBS Approved Suppliers Portal [PBSApprovedSuppliers.health.gov.au](http://PBSApprovedSuppliers.health.gov.au) by attaching the completed form to your application at the 'Other Documents' section.

## Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

The Department is collecting personal information provided in this form for the purposes of raising an invoice to collect the application fee that applies to the application for approval to supply pharmaceutical benefits.

If you do not provide this information, the Department will not be able to collect the application fee and the application will not be processed.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at [www.health.gov.au/pbsapprovedsuppliers/forms-privacy](http://www.health.gov.au/pbsapprovedsuppliers/forms-privacy).

## Application fees

This form must be completed for the above application types to allow the Department of Health (the Department) to collect the application fee which is required to be paid upon lodgement of an application.

The current application fee levels are available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/pharmaceutical-benefits-scheme-approved-supplier-application-fees>.

## Issue of an invoice

The Department will issue an invoice for the application fee to the payer using the details provided in this form. The invoice will be sent to the payer using the email address provided in this form within three business days from when the application is submitted.

## Payment of the invoice

The invoice for the application fee will require immediate payment to ensure the payment is finalised within seven calendar days from the invoice issue date. If the application fee is not paid and finalised within seven calendar days, the application will be cancelled. Payment options and full details about how to make a payment will be provided on the invoice.

## Payment of the application fee via credit card (preferred option)

When you receive your invoice, if you elect to pay via credit card, you can phone through your credit card details to the Department on a business day in the Australian Capital Territory between 9am and 5pm. The Department will process your payment immediately and send a receipt via email.

## Payment of the application fee via BPAY or EFT

When you receive your invoice, if you elect to pay via BPAY or EFT, the Department will take into account that it takes approximately two business days for BPAY or EFT payments to be processed and credited into the Department's account. The Department does not issue receipts for BPAY or EFT payments.

## Application details

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### Provide the PBS Approved Suppliers Portal Application Reference Number to which the payment details relate

- 1 Application reference number (Application reference number can be found at the top of the application)

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## Payer details

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### Provide details of who will be paying the application fee

- 2 Payer name (business name or entity name that will appear on the tax invoice)

- 3 ABN

- 4 Street address

  

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Suburb

State

Postcode

## Contact person

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**Important:** Only the contact person listed on this form will be contacted regarding invoice and payment. The invoice will be emailed using the email address you provide here. Ensure you provide the most appropriate email address for your invoice to be actioned upon receipt.

- 5 Contact person name

Dr

Mr

Ms

Other

Family name

First given name

- 6 Daytime phone number

- 7 Email address (*mandatory*)

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