



## PRESCRIPTIONS

Pharmacist receipts must show the name of the patient, prescription number, the name and cost of each medication prescribed. Each prescription charge is to be listed individually.

Medication	Patient	Date of Birth	Date of Visit	Amount Paid	Office Use
<i>e.g. AUGMENTIN</i>	<i>SALLY</i>	<i>01/01/40</i>	<i>01/12/11</i>	<i>\$ 12.00</i>	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	

**Total Claim \$** \_\_\_\_\_

(Please tick) **ACCEPTANCE CHECKLIST**

All claims are supported by the original itemised accounts and receipts showing the name of the patient, date of consultation, description of service, name, qualifications and GST number of the provider. (EFTPOS and credit card receipts are **not** acceptable without the original itemised accounts)

Receipts exceed \$50 in total, unless no claim made in a year, and are less than 15 months old from the date of incurring the cost

An itemised account, if claiming for multiple visits, attached

Accounts and receipts are attached in the same order as listed on the claims form

The declaration is signed

My address has changed since the last claim.

### PUBLIC HOSPITAL ADMISSION

This panel must be completed by the attending physician or surgeon or by the Medical Records Office and/or supported by admission and discharge summary.

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of illness? \_\_\_\_\_

Procedure performed? \_\_\_\_\_

Was this condition due to personal injury by accident or an employment related condition?  Yes  No

Date admitted \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date discharged \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed \_\_\_\_\_ Stamp here

Name \_\_\_\_\_

*Attending Surgeon or Physician*