

Application for approval to prescribe medications under the Pharmaceutical Benefits Scheme by a registered dental practitioner

Purpose of this form

Complete this form if you are a registered dental practitioner seeking approval under section 88 (1A) of the *National Health Act 1953* to prescribe medications under the Pharmaceutical Benefits Scheme (PBS).

For more information

For more information, go to our website humanservices.gov.au/healthprofessionals or email medicare.prov@humanservices.gov.au

If you need assistance completing this form call **132 150** Monday to Friday, between 8.30 am to 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply - calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form. Your application will be returned to you if all relevant information and/or supporting documentation is not supplied.

Send the completed form to:

**Department of Human Services
Provider Eligibility Section
GPO Box 9822**
in your capital city

or

Fax:

NSW/ACT	02 9895 3439	WA	08 9214 8201
VIC	03 9605 7984	QLD	07 3004 5634
SA/TAS	08 8274 9307	NT	08 8922 6322

Where applications are faxed, you must retain your original documents for auditing purposes.

Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Your date of birth

3 Your sex

Male

Female

4 Provider number

Personal contact details

5 Postal and/or email address to be used for:

Tick ONE only

this application only

general correspondence

6 Street address

Postcode

or

Postal address

Postcode

Email

@

7 Business phone number

Mobile phone number

Fax number

Pager

Privacy notice

8 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy** or by requesting a copy from the department.

Declaration

9 I hereby apply for approval as a participating dental practitioner under section 88 (1A) of the *National Health Act 1953* for the purpose of prescribing pharmaceutical benefits.

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's full name

Applicant's signature



Date

Office use only

Approved by

Date

Participating dental prescriber number

Advice of approval despatched