# **Request Form**

In order for a claim to be approved outside of regular Program Rules or to have the amount paid disputed, please complete this form.

Email the completed form, along with any supporting documents, to [support@ppaonline.com.au](mailto:support@ppaonline.com.au). We will then forward your request to the Department of Health and Aged Care for their consideration. The Exceptional Circumstances process can take up to 30 days to be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation Name: | PBS Approval Number: | | |
|  |  | | |
| Is your organisation a Single Pharmacist Pharmacy? | | Yes | No |
| What is the claim number that was declined? | What Program was the claim for? | | |
|  |  | | |
| What month/period was the claim for? | Number of patients/services conducted: | | |
|  | e.g. 20 Patients/80 Services | | |
| Please provide details of the circumstances that were beyond your control, including dates: | | | |
|  | | | |
| Do you have any supporting evidence? | | Yes | No |
| If yes, please list the evidence attached or write N/A if you answered No to the above question | | | |
|  | | | |

Only answer the following questions if applicable:

|  |
| --- |
| If you experienced technical difficulties when submitting your claim, please provide further information as to why you believed your claim was successfully submitted: |
|  |
| Anything further you wish to add about your Exceptional Circumstances request: |
|  |

|  |  |
| --- | --- |
| This program is funded by the Australian Government Department of Health and Aged Care as part of the Seventh Community Pharmacy Agreement. | |
|  | CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au |