



Home Medicines Review claim cover sheet

Important information

An approved Home Medicines Review (HMR) service provider must submit this HMR claim cover sheet and the attached claim and confirmation for HMR service form in order to receive payment for HMR services conducted. The HMR claim cover sheet must be signed by an owner of the Section 90 Pharmacy or business (non-Section 90 Pharmacy) or person authorised to sign on behalf of the owner.

The information provided by you on this form will be used to determine your claim for benefits under the HMR program.

Information contained in this HMR claim cover sheet, and related claim and confirmation for HMR service forms pertaining to HMR Rural Allowance will be forwarded to the Department of Health and Ageing and the Pharmacy Guild of Australia.

A copy of this HMR cover sheet and related claim and confirmation for HMR service forms must be kept by the HMR service provider for audit purposes.

Assistance

If you need assistance completing this form or for more information about the HMR program email sa.guild.govt.prog@medicareaustralia.gov.au or call **08 8274 9641** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Lodgement

Send the completed and signed HMR claim cover sheet with one or more claim and confirmation for HMR service forms to:

**Community Pharmacy Agreement Officer
Pharmaceutical Benefits Section
Medicare
GPO Box 9826
ADELAIDE SA 5001**

or fax to: **08 8274 9373**

Print in **BLOCK LETTERS**

Tick where applicable

Service provider details

1 Pharmacy approval number or HMR program ID number

2 Pharmacy or business name

3 Address

Postcode

4 Daytime phone number

Mobile phone number

Fax number

Email

5 Claim reference number

6 Number of claims submitted with this cover sheet

Declaration

7 I declare that:

- I agree to have any information pertaining to HMR Rural Allowance forwarded to the Department of Health and Ageing and/or the Pharmacy Guild of Australia
- the HMR service was conducted in accordance with the Medication Management Review (MMR) terms and conditions
- HMR services were provided to the patient for whom claims are submitted on the dates indicated
- documentation in support of the claim(s) is available for audit of HMR service payments
- I have permission to pass on the details of the pharmacist(s) included in the attached form(s) to Medicare and any other relevant authority
- the information provided by me in the claim form(s) is complete and correct.

Print full name of owner/authorised person

Owner/authorised person signature

Date

Privacy note

The information provided on this form will be used to assess your claim for benefits under the HMR program. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs, the Pharmacy Guild of Australia or as authorised or required by law.