

Department of Justice and Community Safety Justice Health

Opioid Substitution Treatment Program (OSTP) Pharmacy Dispensing Subsidy Claim Form

Complete claim form **AFTER** the patient has received the medication for 30 days Submit claim form to **Email:** jh-fcs@justice.vic.gov.au or **Fax:** 03 9947 1626

| Pharmacy Details | | | |
|---|-------------------|------------------|-------------------------------|
| ABN: | | | |
| Name: | | | |
| Address: | | | |
| Suburb/Postcode: | | | Phone: |
| Patient & Treatment Details | | | |
| Patient's Name: | | Date of Birth: | |
| | | | |
| | ne/ Suboxone | | |
| Treatment | | Treatment | No. of |
| Start Date: | dd/mm/yyyy | End Date: | Days:dd/mm/yyyy |
| Subsidy Claim Subsidy will be capped at \$5.00 a day - Maximum amount claimable is \$150.00 (ex. GST) for 30 days. | | | |
| □ Long-Acting Injectable Buprenorphine (LAIB) | | | |
| Injection No. | Date Administered | Injection No. | Date Administered dd/mm/yyyy |
| 1. | , ,,,, | 3. | 22 |
| 2. | | 4. | |
| Subsidy Claim Each injection will be \$20.00 – Maximum amount claimable is \$80.00 (ex. GST) for 30 days. | | | |
| | | | |
| Declaration I certify that methadone, suboxone or long-acting injectable buprenorphine has been provided to the patient listed above, between the dates shown. | | | |
| Pharmacist's Signature: Date: | | | Date: |
| Pharmacist's Name: | | | |

Effective: September 2021 TRIM: CD/16/16736



How to Complete Form:

- One form must be completed per patient
- Complete claim form AFTER the patient has received the medication for 30 days
- Methadone/ Suboxone There is a limit of 30 doses for 30 days
- Long-Acting Injectable Buprenorphine There is a limit of 4 injections for 30 days

PLEASE NOTE:

- This form is not a Tax Invoice. Justice Health will generate a Recipient Created Tax Invoice (RCTI) upon receipt of this claim form.
- In the Pharmacy details section, please provide ABN as per the www.abr.business.gov.au website.
- To claim GST, the ABN must be registered for GST on the <u>www.abr.business.gov.au</u> website.
- If this is your first time submitting a claim or have new owners etc, please complete the Supplier Details

 Form EFT Payment for your business details to be registered in the system. The Supplier Details Form

 can be found on: www.corrections.vic.gov.au by searching for: Supplier Details Form
- The Department will only make payments by Electronic Funds Transfer (EFT).

Submit Claim Form to:

Email: jh-fcs@justice.vic.gov.au or Fax: 03 9947 1626

Note: Please submit claim form <u>only once</u>, either by email or fax (not both). Claim forms submitted multiple times cause duplication, resulting in longer processing times.

For Enquiries:

Email: jh-fcs@justice.vic.gov.au or Phone: 03 9947 1601



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