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CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Non-MBS Vaccination Claim Form

Please complete a separate form for each patient claim.

Name of Practice	
ABN	
Invoice Number	
Date of Invoice/Claim	

Vaccination Details	
Patient ID #	
Please provide the Patient ID number from your practice management software (eg BP Premier). This may be used for auditing purposes.	
Patient Initials	
Date of Vaccination	

Where was the vaccination appointment conducted:

☐ GP Practice ☐ Patient Residence ☐ Other:

Claim Details

Please tick the relevant box/es correponding to the items that you wish to claim for and include these on your attached invoice for payment.

	General Practitioner - Metro (MMM1)		General Practitioner - Non-Metro (MMM2-7)		Other Medical Practitioner - Metro (MMM1)		Other Medical Practitioner - Non-Metro (MMM2-7)	
	Business Hours	After Hours	Business Hours	After Hours	Business Hours	After Hours	Business Hours	After Hours
Dose 1	☐ $31.05	☐ $43.30	☐ $37.70	☐ $49.90	☐ $24.20	☐ $34.30	☐ $34.10	☐ $43.90
Dose 2	☐ $24.45	☐ $36.70	☐ $27.80	☐ $40.05	☐ $17.65	☐ $27.75	☐ $24.20	☐ $34.00
Dose 3/Booster	☐ $24.45	☐ $36.70	☐ $27.80	☐ $40.05	☐ $17.65	☐ $27.75	☐ $24.20	☐ $34.00
PIP Incentive	☐ $10.00	☐ $10.00	☐ $10.00	☐ $10.00	☐ $10.00	☐ $10.00	☐ $10.00	☐ $10.00
Flag-Fall Payment	☐ $57.25	☐ $57.25	☐ $57.25	☐ $57.25	☐ $57.25	☐ $57.25	☐ $57.25	☐ $57.25
In-Depth Patient Assessment	☐ $39.10	☐ $39.10	☐ $39.10	☐ $39.10	☐ $31.30	☐ $31.30	☐ $31.30	☐ $31.30

By signing this claim form I declare that:
- the above details are true and correct
- this claim is reflective of services provided by the above-mentioned practice
- I have authorisation to submit this claim on behalf of the above-mentioned practice

Claimant name: _____

Claimant signature: _____