
PHENOBARBITONE: INVOICE FOR REIMBURSEMENT OF WAIVED PATIENT CO-PAYMENT FEES.

Date (dd-mm-yy)

Phone Number

Practice Name

Practice Address

GST

Bank Account Name

Bank Account Number

Please provide a bank deposit slip, or a screenshot showing name of supplier/ provider and the bank account number

By signing below, you verify that:

1. The patient has been prescribed phenobarbitone and presented for their initial or follow up appointment to support the brand change
2. If serum phenobarbital levels are also being claimed, the patient is using phenobarbitone for management of epilepsy

Name

Designation

Signed

Submit completed invoice and patient details form to
Pharmac via:

E-mail: enquiry@pharmac.govt.nz

PATIENT DETAILS FORM –
Primary care clinician appointment

Patient NHI

Consultation Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Consultation Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Consultation Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Consultation Date (dd-mm-yy)

Value of co-payment fee waived

Total amount (incl GST):

(Additional pages can be completed if required).

PATIENT DETAILS FORM –
Serum phenobarbital monitoring

Patient NHI

Collection site

Collection Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Collection site

Collection Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Collection site

Collection Date (dd-mm-yy)

Value of co-payment fee waived

Patient NHI

Collection site

Collection Date (dd-mm-yy)

Value of co-payment fee waived

Total amount (incl GST):

(Additional pages can be completed if required).