PHARMAC
TE PĀTAKA WHAIORANGA

SELEGILINE: 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 selegiline before 1 August 2021
2. The patient is being changed to an alternative treatment.

Name

Designation

Signed

Submit completed invoice and patient details form to Pharmac via:
E-mail: enquiry@pharmac.govt.nz

PHARMAC
TE PĀTAKA WHAIORANGA

PATIENT DETAILS FORM

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).