

Pharmacy Resident Admission Form

Please be advised an incomplete form may result in delay in commencement of medication supply.

Facility Name

Resident Details

Title

Resident Name

Date of Birth

Marital Status

Single Married Divorced Widowed

Spouse Details *(if applicable)*
 This information is required to ensure
 Safety Net records are combined.

Surname: _____ Given Name(s): _____

Section

Room Number

Medicare Number

Concession Number/DVA Number

Safety Net Number

Medication Management

Please ensure a complete Medication Chart and available prescriptions are provided with this Pharmacy Resident Admission Form

Resident Status

Permanent Respite with intent to be permanent Respite

If respite indicate duration: / / to / /

Current Medication

Does the resident currently have medication supply?

Yes No How many days?

Medication Required By

Administration

Pack in Dose Administration Aid (DAA) Send in original packaging

Generic Brands

Please be advised generic brand medication will be supplied by Chemist Connect unless indicated otherwise by prescriber.

Medical Information

Allergies

Diagnosis

Special Considerations

Doctor Name	
Doctor Address	
Doctor Contact Numbers	Telephone: Mobile: Fax:
Previous Pharmacy Name	
Previous Pharmacy Address	

Next of kin

An itemised account statement will be provided monthly to the elected billing contact.
Please contact the pharmacy to discuss payment options.

Account Billing Name	
Relationship to Resident	
Postal Address	
Contact Numbers	Telephone: Mobile:
Email Address	

Statement Provision

Please select preferred option:

Option	Monthly Charge
<input type="checkbox"/> Account Statement Emailed (<i>Please ensure email address provided above</i>)	FREE
<input type="checkbox"/> Account Statement Posted (<i>Maximum one postal address</i>)	\$1.50 per month

Administration Fee

Please be advised full payment is required on or before the last business day of each month to avoid late payment fee charge. The table below outlines how the Late Payment Fee will be calculated:

No. Days Account Payment Not Received	Administration Fee
30 Days Overdue	\$10.00 Late Payment Fee
60 Days Overdue	\$20.00 Late Payment Fee
90 Days Overdue	\$30.00 Late Payment Fee

Resident Privacy and Consent

I _____ being the resident or nominated person for _____ (if applicable) hereby agree to the following:

- To pay all pharmacy costs whilst _____ (Name) resides in this facility.
- To allow the pharmacy to provide generic brand medication where applicable.
- To allow pharmacy staff to act as the agent for signing of prescriptions.

I understand that the information provided to the pharmacy is to be used for the purpose of supplying medication and to ensure that all entitlements are received under the Pharmaceutical Benefits Schedule. It is a requirement of state legislation that the pharmacy verify the information prior to commencing supply of your medication and to ensure you receive your entitlements. From time to time the pharmacy may need to provide some information to other healthcare service providers.

Chemist Connect (hereinafter referred to as the Supplier). In consideration of the Supplier supplying goods to the Resident (hereinafter referred to as the Customer), hereby guarantees and indemnifies the Supplier due and punctual payment by the Customer of all monies which become payable by the Customer to the Supplier for goods supplied to the Customer and it is hereby further agreed as follows:

- The monies referred to above shall be deemed to include all late payment fees and collection fee and legal costs incurred by the Supplier in connection with a default by the Customer.

Signature: _____ Print Name: _____ Date: _____ (DD/MM/YYYY)

Form Completed By:	Signature: _____	Print Name: _____
	Date: _____	

Chemist Connect
2/3 Aldgate Street, Prospect NSW 2148
Ph: 02 9631 0941
Fax: 02 9669 4273
E: accounts@chemistconnect.com.au

Direct Debit Request (DDR)

Request and Authority to debit the account named below to pay

Chemist Connect - APCA ID 406-195

Request and Authority to debit

Residents Surname

Residents First name

request and authorise **Chemist**

Connect to arrange, through its own financial institution, a debit from your nominated account any amount **Chemist Connect** has deemed payable by *you*.

Frequency of debit: Monthly

Amount to be debited: Total Amount Due on Invoice/Statement

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which your account is held

Financial institution name

Address

Insert details of account to be debited

Name/s on account

BSB number (Must be 6 digits)

 -

Account number

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and **Chemist Connect** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature

Date

Name

Address

E-Mail Address

Chemist Connect
2/3 Aldgate Street, Prospect NSW 2148
Ph: 02 9631 0941
Fax: 02 9725 1371
E: accounts@chemistconnect.com.au

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with **Chemist Connect (ABN 74 135 268 030)**. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions	<p>account means the account held at <i>your financial institution</i> from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means Chemist Connect, (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p>you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>
1. Debiting your account	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>.</p> <p>1.2 <i>We</i> will only arrange for funds to be debited from <i>your account</i> as authorised in the <i>Direct Debit Request</i>.</p> <p>or</p> <p><i>We</i> will only arrange for funds to be debited from <i>your account</i> if <i>we</i> have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.3 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, we may direct <i>your financial institution</i> to debit <i>your account</i> on the following <i>banking day</i>. If <i>you</i> are unsure about which day <i>your account</i> has or will be debited you should ask <i>your financial institution</i>.</p>
2. Amendments by us	<p>2.1 <i>We</i> may vary any details of this <i>agreement</i> or a <i>Direct Debit Request</i> at any time by giving <i>you</i> at least fourteen (14) days written notice.</p>
3. Amendments by you	<p>3.1 You may change*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing us with at least 30 days notification by writing to:</p> <p>Kerlis Boules from Chemist Connect</p> <p>or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising Chemist Connect of your new account details.</p>

<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <ul style="list-style-type: none"> a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>; b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>. <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
<p>5. Disputes</p>	<p>5.1 If you believe there has been an error in debiting <i>your account</i>, <i>you</i> should notify us directly on 02-96042758 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.</p> <p>5.2 If we conclude as a result of our investigations that <i>your account</i> has been incorrectly debited we will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your</i> account (including interest and charges) accordingly. We will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited we will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available through BECS on all accounts offered by financial institutions. b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if <i>you</i> have any queries about how to complete the <i>Direct Debit Request</i>.
<p>7. Confidentiality</p>	<p>7.1 We will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> confidential. We will make reasonable efforts to keep any such information that we have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 We will only disclose information that we have about <i>you</i>:</p> <ul style="list-style-type: none"> a) to the extent specifically required by law; or b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to:</p> <p style="text-align: center;">Kerlis Boules of Chemist Connect 2/3 Aldgate Street, Prospect NSW 2148 (Ph: 02 9631 0941 Fax: 02 9669 4273)</p> <p>8.2 We may send notices either electronically to your email address or by ordinary post to the address <i>you</i> have given us.</p> <p>8.3 Any notice will be deemed to have been received on the third <i>banking day</i> after emailing or posting.</p>