

EXCEPTIONAL CIRCUMSTANCES

REQUEST FORM

For consideration of a request to be approved outside of regular Program Rules, please email this completed form, along with any supporting documents, to support@ppaonline.com.au.

The PPA will then refer your request to the Department of Health, Disability and Ageing for their consideration. The Exceptional Circumstances process can take up to 30 days to be completed.

1. What is the name of your Service Provider/Organisation as shown in the PPA Portal?	
2. Please select which PPA Portal Service Provider Organisation Type this request is for:	
 Section 90 PBS Approved Community Pharmacy	<input type="checkbox"/> <i>If selected, please respond to the two additional fields below</i> Section 90 PBS Approval number: _____ Is your pharmacy a Single Pharmacist Pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No
 Sole Trader	<input type="checkbox"/>
 Pty Ltd Company	<input type="checkbox"/>
 CPE/RITA Participant	<input type="checkbox"/>
 Residential Aged Care Home (RACH)	<input type="checkbox"/> <i>If selected, please respond to the additional field below</i> RACH NAPS ID: _____
3. What Program(s) does this request relate to?	
4. What month/period is the request for? <i>Please note for missed claims this is not the month the claim was due for submission but rather the month the services /activities were undertaken.</i>	
5. How many services/claims is the request for? <i>Please enter per program for the whole period being requested. See below for some examples of how to answer:</i>	
<p><i>For DAAs – claims missed for 28 DAA services provided to 12 patients in January</i></p> <p><i>For Staged Supply – claims missed for 20 services (visits) provided to 10 patients in February, and 44 services (visits) provided to 11 patients in March</i></p> <p><i>For the ACOP Measure – one claim missed for 20 days worked at one RACH in July</i></p>	

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The Department of Health, Disability and Ageing defines exceptional circumstances as circumstances that are out of the ordinary, unavoidable or unexpected, and may have affected your ability to make a claim for payment that meets the requirements of the General Terms and Conditions and the relevant Program Rules.

6. Please provide comprehensive details of the exceptional circumstances that relate to this request, including any relevant dates:

7. Do you have any supporting evidence? *If yes, please ensure you attach the supporting evidence (e.g. rosters, medical certificates etc) along with this form in your email to support@ppaonline.com.au.*

Yes No

If Yes, please list the evidence attached:

8. If you experienced technical difficulties when submitting your claim, please provide further information as to why you believed at the time your claim had been successfully submitted:
Only answer if applicable.



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au