Australian Government
Department of Health and Ageing

# Price Disclosure Submission Declaration

The price disclosure requirements for a supply of a brand of a pharmaceutical item are set out in s 99ADC of the *National Health Act 1953* (the Act), and ss 37G to 37J of the *National Health (Pharmaceutical Benefits) Regulations 1960*.
Part VII, Division 3B, Subdivision C of the *National Health Act 1953* (the Act) sets out when a Responsible Person is required to comply with the price disclosure requirements for a supply of a brand of a pharmaceutical item.

This form and the electronic price disclosure templates are used to provide information for the purposes of the price disclosure requirements. This form should be printed out, completed and provided with your submission on disk.

The person signing this form must declare that they are authorised by the Responsible Person to provide the information.

**Delivery Details**
Post this form to:

Price Disclosure Team
High Cost Drugs/Price Disclosure
Pharmaceutical Evaluation Branch
MDP 952
Department of Health and Ageing
GPO Box 9848, Canberra ACT 2601

The Department recommends that you use registered post.

**1. Responsible Person details**
The Responsible Person for a brand of a pharmaceutical item means the person determined by the Minister under section 84AF of the Act to be the Responsible Person for the brand of the pharmaceutical item.

| | |
|---|---|
| Name of Responsible Person: | |
| ABN: | |

**2. Submission Details**

| | |
|---|---|
| Information provided for quarterly reporting period? (Yes/No) | |
| Information provided for annual reporting period? (Yes/No) | |
| Resubmission? (Yes/No) | |
| Previous Transaction Number (found on the confirmation report) | |
| Media identification (Name or title which is written on the disk): | |
| Number of disks : | |
| Submission Date: | |

**3. DECLARATION**

I,

(1) (Name of person signing) _____

(2) (Title of person signing) _____

_____

*(3) Declare that:*

*(i) I am authorised by the Responsible Person named in section 1 of this form to provide this information for and on its behalf.*

*(ii) I have caused reasonable reviews of the information to be done and, to the best of my knowledge and belief, the information is true, complete and accurate.*

Signed: _____

Date: _____

Contact Email Address: _____

Contact Telephone Number:_____

**Support and further information**

Price Disclosure Support
+61 2 6289 7335
Pricedisclosure@health.gov.au
http://www.health.gov.au/pbsreform