Mental Health, Alcohol and Drug Directorate

# Delivery of Opioid Replacement Therapy

# Billing Form

**This form must be used as described in the** [**Procedure for Delivery of Opioid Replacement Therapy**](https://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug/topp/pandemic_ORT)**. This form must have unique approval for each use.**

## Delivery details:

| Client:  |       |
| --- | --- |
| Prescriber:  |       |
| Prescriber contact details: |       |
| Dispensing agent: |       |
| Dispensing agent address: |       |
| Address for delivery: |       |
| Delivery agent (if different): |       |
| Delivery period (days): |       |
| To be reviewed after (days): |       |
| Approved by (name): |       |
| Approved on (date): |       |

* Delivery to State run quarantine: $50 per occasion of service, plus 72 c / km travelled.
* Delivery to private residence: $75 per occasion of service, plus 72 c / km travelled.

**Before submission, please ensure the delivery log on page two is completed, and an invoice for payment
is attached to this form.**

Submit form by email to director.mhadd@health.tas.gov.au, or by mail:

Mental Health, Alcohol and Drug Directorate
Department of Health
22 Elizabeth Street,
Hobart, TAS, 7000

## *Delivery log:*

| Date | Dose dispensed(pharmacist) | Dose delivered(client) | Time delivered(client) | Dose observed(agent) | Distance travelled (km) | Transport $ (Distance in km x 72 c) | Delivery fee + transport $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |            |       |       |       |       |       |
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|  |  |  |  |  |  | **TOTAL $** |       |

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Position: |       |
| Signature: |       | Date: |       |

**Invoice details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Issuer: |       | Amount: |       |
| Invoice number: |       |  |  |

**Payment approval: (Directorate use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Position: |  |
| Signature: |  | Date: |  |