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](mailto:director.mhadd@health.tas.gov.au?subject=Delivery%20of%20Opioid%20Replacement%20Therapy%20Billing%20Form), 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: |  |