CYSTIC FIBROSIS ASSOCIATION OF NEW ZEALAND

PRESCRIPTION REFUND FORM

Name: ..... Telephone: ..... Mobile: .....

Postal Address: .....

Email Address: ..... Date of Birth: .....

Bank account #: ..... Bank and Branch: .....

Today's Date:..... Signature: .....

When filling in this form please...
List all receipts separately in date order, and provide originals of the prescription receipts from the chemist, (showing the medication prescribed, the subsidy available, and therefore, the cost to you), attached in the same date order. Alternatively, you can ask your chemist for a printout listing all your prescriptions and their cost, and send that to us, along with this form.
75% of the total cost to you will be refunded by the Association if you are eligible i.e you do not hold a Community Services Card because you are working, or living with a partner, and you don't qualify for a High Use Health Card, Pharmacy Subsidy Card, or any other government subsidy including any provided by your prescriptions being issued by a PHO (Primary Healthcare Organisation).
It's up to you how often you decide to submit your claims, but we suggest every 6-12 months. Receipts should not be more than 12 months old.
Please return the form, with your original receipts or chemist's printout to: Administration & Support Manager, CF Association, Box 8241, Christchurch. If you have any questions, please phone the Association on 0800 65 1122.

Your claim will be dealt with as quickly as we are able, and the refund will be direct credited to your bank account where you provide the necessary details above, which is the easiest and quickest way. ***PLEASE NOTE: We accept no responsibility for payments going astray, if you provide an incorrect bank account #.*** *We can send you a cheque if you prefer, made out to the name above, and sent to the postal address above, unless you request otherwise.*

NB. This refund is only available where the CF patient's costs are not already covered by medical insurance. It does not cover Pulmozyme and may not cover some other non-subsidised medication.

Date of Prescription	Medication Prescribed	Patient Cost
		(TOTAL)