

**REQUEST FOR PAYMENT – PHARMACIES MENINGOCOCCAL B VACCINES ADMINISTERED  
(the ‘REQUEST’)**

I .....[insert full name], in the position/role of  
.....[position/role] with  
.....[company/business]

ABN .....(the ‘Vaccine Provider’) state that:

- (a) my position/role with the above company/business enables me to know the facts contained in this Request;
- (b) I know and believe to be true and correct, the facts contained in this Request; and
- (c) I am authorised to bind the Vaccine Provider to the terms set out in this Request.

By this Request, the Vaccine Provider requests payment in relation to ..... [insert number of meningococcal B vaccines] meningococcal B vaccines administered by the Vaccine Provider to individuals between ..... [insert a time period only from, and including, 4 March 2024] (each a ‘Claimed Vaccine’) and I certify that the Claimed Vaccines for Meningococcal B:

- I. were state-funded vaccines administered to eligible Queensland residents aged between fifteen (15) years and nineteen (19) years of age; and
- II. were not paid for by the person receiving the vaccination.

On behalf of the Vendor Provider, I request payment to the Vaccine Provider for each Claimed Vaccine. On behalf of the Vaccine Provider, I acknowledge and agree:

- A. that the Vaccine Provider is eligible to be paid the requested payment under the terms of the Queensland MenB Vaccination Program; and
- B. that Queensland Health may request further information in relation to this Request for verification and auditing purposes; and
- C. that the Vaccine Provider will promptly provide this information upon request; and
- D. that Queensland Health may also verify the correctness of the information in this Request in other ways, including accessing immunisation registers and requesting/obtaining information from suppliers/vaccine recipients; and
- E. to the terms specified in this Request.

I certify that:

- 1. I am authorised to make this Request and receive the requested payment on behalf of the Vaccine Provider; and
- 2. the information provided by me in, and in support of, this Request is true and correct; and
- 3. the Vaccine Provider has not made a previous Request in relation to the Claimed Vaccines

..... [Signature]

..... [Date]