

REQUEST FOR PAYMENT – PRIVATE PROVIDERS
INFLUENZA 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 influenza vaccines*] influenza vaccines administered by the Vaccine Provider to individuals between _____ [*insert a time period only from, and including, 24 May 2022 up to, and including, 17 July 2022*] (each a ‘**Claimed Vaccine**’) and I certify that the Claimed Vaccines:

- (i) were paid for by the Vaccine Provider; and
- (ii) have not been funded through National Immunisation Program and will not be claimed through the National Immunisation Program; and
- (iii) have been administered to Queensland residents over 6 months of age who are not eligible for influenza vaccination through the National Immunisation Program.

On behalf of the Vendor Provider I request payment to the Vaccine Provider of \$21.95 (excluding GST) for each Claimed Vaccine.

Attached to this Request are the supply documents for the Claimed Vaccines, including one or both of the following:

- tax invoice(s) for the Claimed Vaccines and a receipt showing payment for them by the Vaccine Provider; and/or
- delivery slip(s) confirming receipt of the Claimed Vaccines by the Vaccine Provider.

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 Queensland Health’s *2022 Flu Vaccination Blitz*; 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*]