

Invoicing Queensland Health for influenza vaccination reimbursement

Submitting an invoice to Queensland Health

Invoices must be submitted to VaccinationReimbursement@health.qld.gov.au ensuring that all submission requirements are included.

Submission requirements

In order to claim reimbursement for privately purchased influenza vaccine stock, please submit the below to Queensland Health **prior to 30 September 2024**:

- 1. Invoice to Queensland Health for cost reimbursement indicating quantity and type of privately purchased vaccine administered.**
- 2. Signed Request for Payment Declaration.**

To ensure your invoice is efficiently processed, please:

- *Submit all invoices to Queensland Health via email in a PDF format—any other format will not be recognised by the system.*
- *Send invoices no more frequently than fortnightly.*
- *Ensure there is only one invoice per PDF—if you are submitting multiple invoices, you can submit them as separate PDFs in the same email.*
- *Only submit invoices once. Sending the same invoice multiple times will cause duplicates in the system, which can slow down processing.*

Invoice requirements

There are format requirements for invoices being sent to Queensland Health.

Please use [this template](#) or supply an invoice containing the following:

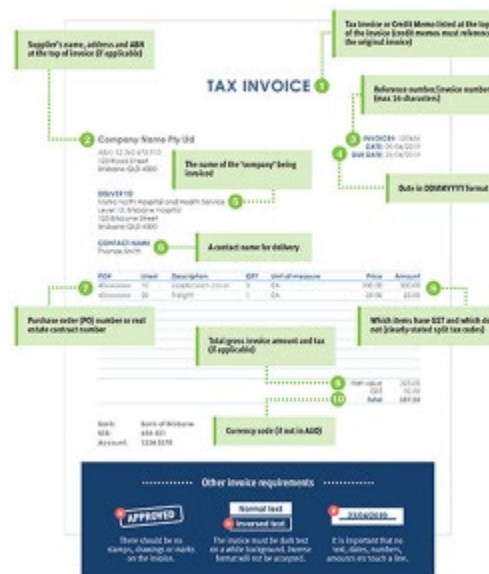
1. 'Tax invoice' or 'Credit memo' listed at the top (credit memos must reference the original invoice)
2. Provider's name, address and ABN number at the top (if applicable)
3. Reference number/invoice number (max 16 characters)
4. Date in DDMMYYYY format
5. The name of the company being invoiced:
Queensland Health, Immunisation Program
15 Butterfield Street, Herston 4006
6. QH reference: Group 325.1000



7. Total gross invoice amount and tax (if applicable). The reimbursement amount is detailed on the Queensland Health [2024 Influenza Vaccination Program](#) website.
8. Which items have GST and which do not (clearly state split tax codes)
9. Currency code (if not in AUD).

Other invoice requirements include:

- There should be no stamps, drawings or marks on the invoice.
- All invoices must be dark text on a white background. Inverse format will not be accepted.
- All text, dates, numbers, amounts etc. should have space around them. Any adjoining lines or text will interfere with the OCR.



[Click to enlarge](#)

Invoice enquiries

For invoice enquiries, please email VaccinationReimbursement@health.qld.gov.au

Please ensure you provide the relevant information (e.g. invoice number, date of submission etc.) so your enquiry can be investigated as quickly as possible. Invoice payment may not be able to be made immediately, but the team will take the necessary action to ensure all invoices are processed in a timely manner.

REQUEST FOR PAYMENT - GPs

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 in 2024* between
..... [insert time period of claim] (each a 'Claimed Vaccine') and I
certify that the Claimed Influenza Vaccines:

- I. were paid for by the Vaccine Provider; and
- II. were **administered** to Queensland residents 6 months of age and older who are not eligible for influenza vaccination through the National Immunisation Program; and
- III. were not paid for by the person receiving the vaccination.

On behalf of the Vaccine 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 2024 Free Flu Vaccine 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. that any Requests for payment submitted after 30 September 2024 will not be accepted; and
- F. 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]

*The Queensland 2024 Free Flu Vaccine Program concludes on 30 September 2024.