

REQUEST FOR PAYMENT – GENERAL PRACTICES

INFLUENZA VACCINES PRIVATELY PURCHASED STOCK ON HAND (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 held in the Vaccine Provider's stock and proposed to be 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.

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, promptly after 17 July 2022 the Vaccine Provider will make payment/reimbursement to Queensland Health in the amount of \$21.95 (excluding GST) for each Claimed Vaccine that has not been administered between the time period from, and including, 24 May 2022 up to, and including, 17 July 2022 by the Vaccine Provider to Queensland residents over 6 months of age who are not eligible for influenza vaccination through the National Immunisation Program; and
- (C) that Queensland Health may request further information in relation to this Request for verification and auditing purposes; and
- (D) that the Vaccine Provider will promptly provide this information upon request; and
- (E) 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
- (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]