

# APPLICATION FORM FOR REIMBURSEMENT OF QUIT SMOKING TREATMENT & THERAPY

- 1) At all times an original legible and itemised Pharmacist's Receipt is required for any reimbursement. If your reimbursement is for over-the-counter (OTC) smoking cessation treatments from an outlet other than a pharmacy, the same needs apply for an original legible and itemised receipt.
- 2) Reimbursement will be made within 30 days of delivery of a receipt and application form below (providing your contact details and mailing address). Reimbursement will be in the form a cheque **ONLY**. No cash reimbursements will be made. QPP will not be responsible for any fees or charges provided by banks or other institutions for the depositing and cashing of cheques. All cheques are non-transferrable.
- 3) A minimum of TEN DOLLARS (\$10) applies before reimbursement will be made. Multiple eligible receipts are accepted to reach this minimum.
- 4) A maximum reimbursement of TWO HUNDRED & FIFTY DOLLARS (\$250) applies, per person, over a one year (12 month) period from date of receipt of first reimbursement application.
- 5) Reimbursement Period: Reimbursements are limited to the life (duration) of the project.
- 6) Verification of HIV status from the applicant's Queensland HIV

Service Provider may be required, using the form below provided by the applicant to his/her provider. Note: applicants MUST be currently accessing HIV clinical-care services in Queensland.

- 7) Treatment Inclusions: The following list details the approved treatments and therapeutic products which are eligible for full-cost reimbursement, up to the maximum reimbursement designated in item 4 (above).

Note: Product items can be either branded or generic products:

- a) Any Nicotine Replacement Therapy (NRT) product - e.g. chewing gums and patches.
- b) Oral (non-nicotine) drug treatments: e.g. Champix (varenicline tartrate); Zyban (bupropion hydrochloride), etc. prescribed by your doctor.

- 8) Self-Help Therapy Inclusions: Therapy aids chosen by the applicant (e.g. motivational quit smoking books and publications; self-guided CDs and DVD quit smoking packages, etc.) are eligible for fifty percent (50%) reimbursement of the full cost paid by the applicant, up to the maximum reimbursement designated in item 4 (above). Note: This section does NOT include any herbal or any other alternative forms of oral supplements marketed as smoking cessation aids.

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Applicant: ..... Date: \_\_\_\_\_

## Type of Reimbursement:

Nicotine Replacement Therapy (NRT)

Description: \_\_\_\_\_

## Please Tick

Non-Nicotine Prescription Treatments

Description: \_\_\_\_\_

Self-Help Therapies:

Description: \_\_\_\_\_

## HIV Clinician or HIV-Service:

By signing below you are verifying the applicant's HIV-positive status and HIV service provision in Queensland:

Name of Clinic or Service: \_\_\_\_\_

Signature: ..... Date: \_\_\_\_\_



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1st September 2009

