



Tax Invoice

Residential aged care facility or Disability housing
COVID-19 vaccination in-reach clinic

COORDINARE Ltd

ABN: 27 603 799 088

PO Box 325

FAIRY MEADOW, NSW 2519

Email completed form to
rjohnson@coordinare.org.au

This form is to be used when requesting a payment for the additional costs associated with providing a minimum of ten (10) COVID-19 vaccinations to residential aged care or disability housing residents/staff at a single in-reach clinic.

General Practices are expected to claim the relevant funding for COVID-19 assessment and vaccination through existing mechanisms (i.e. MBS funding item or equivalent) where applicable.

DATE OF CLAIM		PRACTICE NAME		ABN	
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NAME OF FACILITY WHERE TEN (10) OR MORE COVID-19 VACCINATIONS WERE GIVEN

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DATE OF CLINIC

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NUMBER OF RESIDENTS GIVEN A COVID-19 VACCINATION AT THE IN-REACH CLINIC

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NUMBER OF STAFF GIVEN A COVID-19 VACCINATION AT THE IN-REACH CLINIC

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CLAIM AMOUNT \$3,000.00

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IT IS MANDATORY THAT ALL IMMUNISATIONS BE REPORTED TO THE AUSTRALIAN IMMUNISATION REGISTER (AIR). PLEASE INDICATE HERE THAT THE IMMUNISATIONS BEING CLAIMED FOR HAVE BEEN ENTERED INTO AIR.

YES ☐

PAYMENT DETAILS	
BANK:	
BSB:	
ACCOUNT NUMBER:	
ACCOUNT NAME:	
REGISTERED FOR GST:	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION	
<i>I HEREBY DECLARE THAT THE INFORMATION CONTAINED WITHIN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR PAYMENTS.</i>	
NAME:	
POSITION:	
SIGNATURE:	
DATE:	