

User guide: How to re-submit an application if returned to 'Draft' status

The purpose of this user guide is to explain the steps to re-submit an application after it has been returned to 'Draft' status. Sometimes an application will be returned to 'Draft' status due to an error found in the claim items.

When your application is returned to 'Draft' status, you will receive an e-mail outlining the errors in the application. It's then your responsibility to rectify and re-submit the claim.

The most common errors are caused by:

- an invalid or incorrect patient Medicare number
- a previously claimed item
- a future dispensing date
- an invalid or incorrect patient postcode

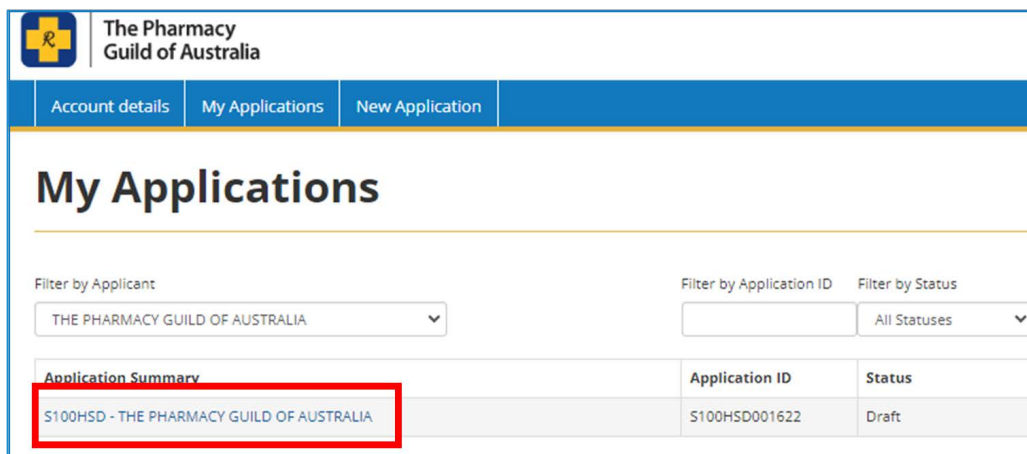
Once the errors in the application have been resolved and the application has been re-submitted to the S100 HSD Co-payment Program Portal (the Portal), the processing of payment for all items in the application can occur.

How to re-submit your application

Sign into the [S100 HSD Co-payment Program Portal](#).

- Go to the **My Applications** page.
- Click on the application that requires resubmission.

Please note: An application that requires resubmission will be in 'Draft' status.



Application Summary	Application ID	Status
S100HSD - THE PHARMACY GUILD OF AUSTRALIA	S100HSD001622	Draft

To amend the Individual Claim Item

- Click on the item that needs to be updated

S100 HSD Individual Claim Items

In this area you can enter the details of **up to a Maximum of 10** individual Claim Items.

Press the **"Add Another"** button to add a new Claim Item.

Press the **"Delete"** button to detail a Claim Item.

> 16943X

- Refer to the email outlining the error. Rectify the error.

5. Once ready to re-submit the application, click **Save and Continue**.

6. Check **Primary application contact** details. This contact will receive all emails and payment remittance advice. If these details need to be changed, click 'Change contact details for this application only'. Click 'Save and continue'

7. Read and agree to the Declaration by selecting the checkbox and click **Submit**.

Declaration

I agree to:

- Having any information pertaining to the claim forwarded to the New South Wales Government

I declare that:

- a completed patient consent document was sighted for each item being claimed under this program
- the information provided in this claim is true and correct
- I am authorised to submit this claim on behalf of the Pharmacy
- the events in the claim were conducted in accordance with the relevant program rules, as applicable at the date of dispensing
- documentation in support of the claim is available for audit

I understand that:

- giving false or misleading information is a serious offence

By checking this box I agree to all of the above declarations and confirm all of the above statements to be true *

[Go back](#) [Submit](#) [Close](#)

8. Your application has now been re-submitted and will be processed.



If you require further assistance, please visit www.s100.guildsolutions.com.au, contact the s100 HSD Co-payment Program Support Team on (02) 6270 1614, or email guild.solutions@guild.org.au.