

Medicare Safety Net

The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket costs for out-of-hospital Medicare Benefits Schedule services. For information or to register, go to our website humanservices.gov.au/safetynet or call **132 011**.

Note: Call charges may apply.

Claimant's declaration

16 I hereby claim benefit(s) for the professional service(s) to which this claim relates and I declare that:

- I have paid for, or am liable to pay, the expenses for these services
- I am the executor or administrator acting on behalf of the deceased claimant's estate (if applicable)
- the services were not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with the patient's employment
- the services were not provided by or on behalf of the Australian Government, a state, territory or a local governing body or an authority established by a law of the Australian Government, a state or territory
- I have not claimed for dental expenses through private health insurance, **and**
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Claimant's
signature



Date

/ /

Privacy notice – Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Australian Organ Donor Register (optional)

1 Your Medicare card number - - Ref no.

2 Your details Family name

First given name

Permanent postal address
 Postcode

Note: This address will be used to update the Medicare record for everyone on your Medicare card.

Date of birth / / Gender Male Female

3 I wish to register my consent to donate the following organs and/or tissue for transplantation, in the event of my death. Tick **'All'** or as many as apply

All Bone tissue Eye tissue Heart
Heart valves Kidneys Liver
Lungs Pancreas Skin tissue

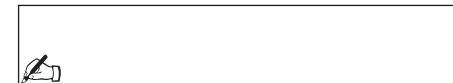
4 I wish to register my decision **not to be** an organ and/or tissue donor

5 Organ donor declaration

I declare that:

- I give permission for the details I have provided to be actioned on the Australian Organ Donor Register.
- I have discussed this decision with my family, partner or friend.
- I am aware that I can change my donation decision details at any time.
- I have read and understood the Privacy notice contained in this form.

Your
signature



Date

/ /

For more information

Go to humanservices.gov.au/organdonor or call the Australian Organ Donor Register on **1800 777 203**.

Note: Call charges may apply.