

medicare

Medicare Claim

Purpose of this form: Only use this form when claiming by mail or service centre drop box for paid and unpaid accounts.	9 Email (optional)	
Staple the original itemised accounts and receipts to this form.		@
Returning your form : Send the completed form and original accounts and receipts to: Department of Human Services, GPO Box 9822 in your capital city or place in the 'drop	10 Daytime phone number	()
box' at one of our service centres.	Service details - The medic	cal service(s) you are claiming benefit for.
Patient's details – The patient is the person who received the medical and/or dental service.	11 Ref Patient's first no. given name	
1 Patient's Medicare card number		No Yes
Claimant's details – The claimant is the person who paid for, or is likely to pay for, the medical and/or dental expense(s). The Medicare benefit(s) will be paid to this person.		No Yes No Yes
2 Is the claimant also the patient?	12 Was the patient an in-patie	ent of a hospital or approved day facility?
No Claimant's Medicare card number	No 🗌	
□ □ □ □ □ □ □ □ □ □ □ ■ □ ■ □ ■ ■ □ ■ ■ □ ■	Yes Date of admission	Date of discharge
Yes D Go to 7	Bank account details - Im	portant Medicare benefits are only made through Electronic
3 Dr Mr Mrs Miss Ms Other	Funds Transfer (EFT)	portant medicale benefits are only made through Electionic
	13 Have you previously suppl	ied your bank account details? No 🗌 Yes D Go to 15
Family name		pank account details, please provide the following information
4 Date of birth / /	Medicare benefits cannot account has restrictions or	be paid via electronic funds transfer (EFT) if the nominated n EFT deposits.
5 Gender Male Female	Name of bank, building so	ciety
6 Business name – for non-compensation claims where the claimant is an organisation or business (e.g. a nursing home) that has incurred the expense(s) on behalf of the patient	or credit union Branch where the account	is held
OR		
executor/administrator name	Branch number (BSB)	
	Account number (this may be the card number)	not
7 Postal address – Do you want to use the address you have recorded with us?	Account held in the name	s) of
No/unsure Provide address		
Postcode	15 If you want a statement of	benefit posted, please tick this box:
Yes Go to 9 8 Do you want this recorded as your permanent postal address	-	ospital services, we will automatically issue a statement of
for everyone on your Medicare card? No Yes	benefit to you.	

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:

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• giving false or misleading information is a serious offence.

Claimant'	ŝ
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**

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