Australian Government
Medicare Australia

Medicare claim

medicare

Instructions: Only use this form for unpaid accounts or when not claiming in person or when authorising an agent to claim on your behalf.

You must attach **original** itemised accounts and receipts to this form.

Mail to **Medicare**, **GPO Box 9822**, in your capital city, or place in the 'drop box' at your local Medicare office.

Patient's details — *The patient is the person who received the medical service*

1 Patient's Medicare card number

Ref no.	Patient's first given name	Services provided by *e.g. Dr A P Jones*	Account paid in full?
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

Claimant's details — *The claimant is the person who paid for, or is likely to pay for, the medical expenses. Benefits will be paid to this person.*

2 Is the claimant's Medicare card number the same as the patient's?

Yes ☐

No ☐ ▶ Claimant's Medicare card number ____ Ref no. ☐

3 Claimant's full name

Family name

First given name

Date of birth / /

Sex Male ☐ Female ☐

OR Business name — *for non-compensation claims if the claimant is an organisation/business that has incurred the expenses on behalf of the patient e.g. a nursing home*

4 Postal address

Postcode

Do you want this recorded as your permanent postal address? Yes ☐ No ☐

5 Daytime phone number ( )

6 Email (optional)

@

7 Was the patient an in-patient of a hospital or approved day facility?

Yes ☐ ▶ Date of: Admission / / Discharge / /

No ☐

Payment of benefits — *It is important you provide your bank account details.*

8 Have you previously supplied your bank account details? Yes ☐ No ☐

9 To supply or update your bank account details, please provide the following information. These details will be used for future payments.

Note: EFT cannot be paid into credit card or loan/mortgage accounts.

Name of bank, building society or credit union

Branch where account is held

Branch number (BSB) —

Account number *(this may not be your card number)*

Account held in the name(s) of

10 If you want a statement of benefit posted, please tick this box ☐
We will automatically issue a statement of benefit to you if your claim includes in-hospital services.

11 Is your family registered for the Medicare Safety Net?

Yes ☐ No/unsure ☐ ▶ *Visit **www.medicareaustralia.gov.au** or call **132 011*** for information about how to register*

Signature required overleaf ▶▶

Claimant's declaration

12 *I hereby claim benefits for the professional services to which this claim relates and* ***I declare that****:*

- *I have paid for, or am liable to pay, the expenses for these services*
- *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 Commonwealth, a state or territory or a local governing body or an authority established by a law of the Commonwealth, a state or territory*
- *to the best of my knowledge and belief all of the information in this claim is true and correct.*

I understand that*:*

- *it is an offence under the Health Insurance Act 1973 to make a false statement relating to Medicare benefits.*

Claimant's signature ✍ Date / /

13 Do you want to authorise another person (e.g. an agent) to collect benefits on your behalf?

Note: We will ask your agent to provide satisfactory personal identification before collecting benefits on your behalf.

Yes ☐ ▶ Please give details of your agent

No ☐

Full name

Permanent address

Postcode

Agent's signature ✍

Claimant's signature ✍

Privacy note — The information provided on this form will be used to assess any Medicare benefit payable for the services rendered and may be used to update enrolment records. The EFT details collected will be used for any future payments to you from programs administered by Medicare Australia. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing, Centrelink, other relevant agencies or to a person in the medical practice associated with this claim or as authorised or required by law. Patient names and addresses may be disclosed to financial institutions when the claim is paid. Information about medical expenses for people under the age of 18 may also be disclosed to adults on the same Medicare card, through taxation statements.

Organ Donor Registration *(optional)*

Australian organ donor register

1 Your Medicare card number | Your reference number ☐

2 Your details — Family name

First given name

Date of birth / / Sex Male ☐ Female ☐

3 I **wish to register my consent** to donate the following organs and/or tissues 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 Would other members of your family like to register?

If you would like another form allowing up to four people who live at the same address to register, please visit ***www.medicareaustralia.gov.au*** *or call* ***1800 777 203****.

6 Statement

- *I give permission for all details I have provided to be included on the Australian Organ Donor Register.*
- *I have discussed this decision with my family, partner or friend.*
- *I am aware that I can change these details at any time.*

Your signature ✍ Date / /

When we have processed your registration we will send a confirmation letter to your postal address recorded by Medicare Australia.

Further information Visit Medicare Australia's website at **www.medicareaustralia.gov.au** or call:

- Medicare **132 011***
- the Australian Organ Donor Register **1800 777 203****

Privacy note — The establishment of the Australian Organ Donor Register (the Donor Register) is authorised by a service arrangement under subsection 7(2) of the *Medicare Australia Act 1973*. The information on the Donor Register will be available to authorised personnel in the organ and tissue donation network who have signed confidentiality agreements covering your personal information.

* **Call charges apply** ** **Call charges apply from mobile or pay phones only**