



# Medicare claim form

For payment by electronic funds transfer, cheque, or cash to an authorised agent

Attach original itemised accounts and receipts behind here



## Section 1. Patient details—this section must be completed

1. Patient's Medicare card number

(You must provide the patient's current Medicare card number)

Card ref. no.	Patient's first name eg. Robin	2 <sup>nd</sup> initial	For services provided by eg. Dr AP Jones	Account paid 'Yes' or 'No'
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If accounts have been paid in full and you require electronic funds transfer payment, please also complete Section 3. If the accounts are unpaid, a cheque will be made out to the doctor and posted to the person named in Section 2.

## Section 2. Claimant details—this section must be completed

1. What is the name of the person who paid for or is liable to pay for these medical expenses?

Title eg. Mr/Mrs  Family name  First name

(Payments will be addressed to this person. For benefits to be paid the account must be paid in full.)

2. What is the claimant's current mailing address?

Postcode

If claimant and patient are the same do you want this recorded as your permanent mailing address?  
Yes  No

3. What is your daytime telephone number?

## Section 3. Electronic funds transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT? (This option is only available for paid accounts.) Yes  No

If 'No' then go straight to Section 4.

2. Name the account is held in:

3. BSB number (6 digits in total)       Financial institution account number (up to 9 digits only)

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial institution:  Branch:

5. A statement of benefit will be issued automatically only where in-hospital services are included in this claim and the benefit is paid via EFT.  
If you need a statement of benefit for other services, please tick this box.

## Section 4. In-hospital services

1. Was the patient(s) an in-patient of a hospital or approved day hospital facility? Yes  No

2. If 'Yes', what was the name of the hospital?

Admitted  Discharged

3. What were the dates of admission?  /  /   /  /

## Section 5. Adding a newborn child

You can add your newborn child to the above Medicare card by completing this section. In some circumstances you may be asked to provide identification documents.

Family name  Child's first name  Second initial

Sex M/F  Date of birth  /  /  Would you like your newborn to be added to your family's Safety Net? Yes  No

Is this person of Aboriginal or Torres Strait Islander origin? (Responding to this question is voluntary.)  
 Yes—Aboriginal  Yes—Torres Strait Islander  No

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

## Section 6. Claimant's declaration—this section must be completed

I hereby claim Medicare 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
- to the best of my knowledge and belief all the information in this claim is true and correct.

I also authorise Medicare to contact the referring practitioner or the provider of the services for clarification of details on accounts/receipts as required for assessment purposes.

Signature of claimant  Date:  /  /

**Note:** All documents supporting this claim will be retained by Medicare. It is an offence under the *Health Insurance Act 1973* to make a false statement relating to Medicare benefits.

## Section 7. Agent's authority

Only complete this section if authorising another person to collect cash on your behalf.

Agent's name  *Your agent will be asked to provide satisfactory personal identification.*

Address

Postcode

Agent's signature  Claimant's signature

## Enquiries

For more information about Medicare please call Medicare on 132 011 or visit HIC's website at [www.hic.gov.au](http://www.hic.gov.au)

## How to claim

- You do not need to complete a claim form if you have paid your account. Please present it at a Medicare office for cash or EFT.
- If you have already paid the account the itemised account and receipt must be attached. You can obtain payment:
  - in cash up to a specified limit at a Medicare office (please present your Medicare card when claiming)
  - by EFT directly into a nominated financial institution account. (Note: If your financial institution rejects the EFT a cheque will be issued to the claimant through the post)
  - by cheque through the post (do not send your Medicare card). The cheque will be issued in the claimant's name and posted to the claimant's address as shown on this claim form. Claims should be addressed to GPO Box 9822 in your capital city. (Note: Payment by EFT offers a faster payment time than by cheque).
- If the account has not been paid a cheque will be issued in the practitioner's name but posted to the claimant for forwarding to the practitioner together with any balance due.

## Gap benefits

Medicare benefits are based on the schedule fee for the service rendered. The difference between the **Medicare benefit and schedule fee** is called the gap. People who have hospital insurance with a registered health benefits organisation and incur medical expenses in hospital can claim benefits from the fund for the gap amounts, provided Medicare benefits are payable for the services. People claiming Medicare benefits for in-hospital services will be provided with a statement of benefits, which can be used to support a claim on their private health fund for gap benefits. Alternatively, you can claim gap benefits from a participating private health fund, under a two-way agency arrangement, by filling in a Medicare two-way claim form, available from Medicare offices, and attaching it to your Medicare claim. Medicare forms are also available from the HIC website at [www.hic.gov.au](http://www.hic.gov.au)

## The Medicare Safety Net

The Medicare Safety Net is designed to protect all people who frequently see the doctor and have high medical expenses. The safety net does not apply to in-hospital services. When gap payments made by an individual, or a registered family, reach a threshold amount in a calendar year, Medicare will refund 100 per cent of the schedule fee for the remainder of that year. The safety net threshold amount is indexed to the consumer price index and is adjusted annually. For details of the current Medicare Safety Net threshold or further information contact your nearest Medicare office, call Medicare on 132 011 or visit the HIC website at [www.hic.gov.au](http://www.hic.gov.au)

## Excluded services

Listed below are some of the services for which Medicare benefits are not payable:

- a medical examination for the purpose of life insurance, a superannuation or provident account scheme or admission to membership of a friendly society
- a service rendered by or on behalf of the Commonwealth, a state, a local governing body or an authority established by a law of the Commonwealth, a state or a territory
- a service where the medical expense is the responsibility of the employer of the patient, mass immunisation programs and health screening services not reasonably required for the management of the patient's medical condition.

A complete list of excluded services is available from the HIC website at [www.hic.gov.au](http://www.hic.gov.au)

## Privacy note

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Australian Government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law. Patient name and address details may/will be disclosed to financial institutions when the claim is paid.

Medicare card number




## Manual Assessment (Office use only)

Ref. no.	Patient's first name	Item	Date of service			Provider no.	Charge	Schedule fee	Benefit	Referral
			Day	Month	Year					

Office use only