

Medicare Compensation Recovery Medicare History Statement request

Purpose of this form

This form is to be completed by the injured person (or their authorised representative), the injured person's solicitor or the notifiable person. This form is the first step in requesting a Notice of Past Benefits under Section 21 of the *Health and Other Services (Compensation) Act 1995*.

When this form is submitted, a Medicare History Statement will be issued to the injured person (or their authorised representative) for completion before a Notice of Past Benefits can be issued.

Note: The notifiable person is the compensation payer.

If you have a valid Notice of Past Benefits and require a new Notice of Past Benefits, you must provide extenuating circumstances, by contacting the Australian Government Department of Human Services.

For more information

For more information about Medicare Compensation Recovery, go to humanservices.gov.au/medicarecompensationrecovery or email compensation.recovery@humanservices.gov.au or call **132 127** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return the completed form and any required documentation by:

Email: compensation.recovery@humanservices.gov.au

Include your Medicare compensation case reference number or Medicare card number in the subject field.

or

Fax: **02 9895 3200**

or

Post: **Department of Human Services
Medicare Compensation Recovery
GPO Box 4104
SYDNEY NSW 2001**

- 1 If this compensation case has been registered with the Department of Human Services, provide the Medicare compensation case reference number

- 2 Does the injured person have a Medicare card?

No

Yes Go to 4

- 3 Has the injured person received any nursing home benefits, residential care or home care subsidies relating to this claim?

No

 As the injured person has no Medicare card and has not received any care costs in relation to this claim, you are **not required to complete this form** or notify us of this case.

Yes Go to 5

Injured person's details

- 4 Medicare card number

 - - Ref no.

- 5 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 6 Date of birth

 / /

- 7 Do you want to use your contact details held by Medicare?

No

Yes Go to 10

- 8 Postal address

Postcode

9 Daytime phone number

()

Mobile phone number

Email

@

Claim details

10 Date of injury or illness

/ /

11 Give a brief description of the injury or illness

12 Type of compensation being claimed:

Tick ONE only

Workers' Compensation

Employer's name

Employer's phone number

()

Motor Vehicle Accident

Transport Accident

Commission

Common Law

Public Liability

Other Give details below

13 Is the claim being made on behalf of a person who:

- is under 14 years of age, **or**
- does not have the capacity to act on their own behalf?

No **Go to 16**

Yes Give details of the person claiming (e.g. parent, guardian, executor)



If this claim is being made on behalf of someone **14 years of age or over**, attach supporting documentation (e.g. Power of Attorney/Court order), or a completed **Medicare Compensation Recovery Third party authority** form (M0021).

Authorised representative's details

14 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

15 Daytime phone number

()

Mobile phone number

Email

@

Details of the injured person's solicitor

16 Solicitor's case reference (if known)

17 Australian Business Number (ABN)

- - - - -

18 Business name

19 Postal address

Postcode

20 Contact person's full name

21 Daytime phone number

()

Email

@

Notifiable person's details

22 Notifiable person's case reference (if known)

23 Australian Business Number (ABN)

24 Business name

25 Postal address

 Postcode

26 Contact person's full name

Contact person's title (e.g. compensation manager, compensation assessor)

27 Daytime phone number

 ()

Email

@

28 Does the notifiable person have a solicitor from another organisation?

No **Go to 35**

Yes

Details of the notifiable person's solicitor

29 Solicitor's case reference (if known)

30 Australian Business Number (ABN)

31 Business name

32 Postal address

 Postcode

33 Contact person's full name

34 Daytime phone number

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Email

@

Privacy and your personal information

35 Your personal information, and the personal information of others that you provide, is protected by law, including the *Privacy Act 1988*. The Australian Government Department of Human Services (the department) collects this personal information for the purposes of administering the *Health and Other Services (Compensation) Act 1995*. The department may collect personal information about the injured person from the injured person's authorised third party and/or solicitor, and from the notifiable person or compensation payer that is dealing with the injured person's compensation claim.

The department may disclose the injured person's personal and sensitive information to the authorised third party, solicitor and the relevant notifiable person or compensation payer.

Information that may be disclosed includes information contained in a completed History Statement, Notice of Past Benefits and Notice of Charge, as well as information about relevant events relating to the injured person's compensation claim. In addition, the department may disclose the injured person's personal and sensitive information to the Department of Health for the purposes of determining the injured person's eligibility for payments and services under the *Aged Care Act 1997*.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

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 or by requesting a copy from the department.

Declaration

36 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Full name

Title (e.g. injured person (or authorised representative), compensation manager, compensation assessor, solicitor)

Signature

Date

 / /