



Medicare claim form

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

Attach original itemised accounts and receipts behind here

Medicare

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 nd initial	For services provided by eg. Dr AP Jones	Account paid 'Yes' or 'No'
100	John	A	Dr. F Bailey	Yes

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?

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