



When to use this form

Use this form to claim for paid and unpaid accounts for:

- a **patient** claiming on their own behalf
- an **individual** claiming on behalf of a patient
- a **business or third party** claiming on behalf of a patient.

You must only use this Medicare claim form if you are claiming by mail.

Supporting information

We need the following **original** supporting documents to process your Medicare claim:

- invoices for the services you want to claim
- proof of payment if you paid for the services in full.

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 more information or to register, go to servicesaustralia.gov.au/safetynet or call **132 011**.

Call charges may apply.

Australian Organ Donor Register

The Australian Organ Donor Register is where you can record your organ and tissue donation decision. For more information or to register, go to servicesaustralia.gov.au/organdonor or call **1800 777 203**.

Call charges may apply.

Patient's details

The patient is the person who received the medical and/or dental service.

1 Patient's Medicare card number

Ref no.

Medicare claim

2 Read this before answering the following question.

The claimant is the individual or business/third party 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 individual or business/third party.

Are you:

Tick one only

a patient claiming on your own behalf **Go to 6**

an individual claiming on behalf of a patient **Go to 3**

a business or third party claiming on behalf of a patient **Go to 9**

Individual claiming on behalf of a patient

3 Individual claimant's Medicare card number

Ref no.

4 Individual claimant's name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

5 Individual claimant's date of birth (DD MM YYYY)

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.



