



**medicare**

## Notice of Judgment or Settlement

### Purpose of this form

This form is to be completed by the notifiable person and signed by the injured person or their representative and the notifiable person.

Under section 23 of the *Health and Other Services (Compensation) Act 1995*, this notice **must** be sent to the Australian Government Department of Human Services **within 28 days** of the judgment or settlement date.

Failure or refusal to give notice may result in the notifiable person being liable for any outstanding amount owing to the Commonwealth.

**Note:** The notifiable person is the compensation payer.

### For more information

For more information about Medicare Compensation Recovery, go to our website

[humanservices.gov.au/medicarecompensationrecovery](http://humanservices.gov.au/medicarecompensationrecovery) or email [compensation.recovery@humanservices.gov.au](mailto: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.

### Advance payment – legislative requirements

The notifiable person may make an advance payment of 10 per cent of the total amount of compensation (including all costs) fixed under the judgment or settlement to the Department of Human Services and pay the remaining balance to the injured person.

The notifiable person must comply with **sections 23, 33A and 33B** of the *Health and Other Services (Compensation) Act 1995* **before an advance payment can be made**.

#### Section 23

- the Department of Human Services is advised by the notifiable person, in writing, that a judgment or settlement has been made indicating that they intend to make an advance payment, **and**

#### Section 33A

- the injured person (or claimant) has been advised by the notifiable person, **in writing**, that an advance payment is to be made, **and**

#### Section 33B

- a Notice of past benefits has **not** been issued by the Department of Human Services in respect of this claim in the 6 months preceding the date judgment or settlement was made
- the advance payment amount **must** be 10 per cent of the total amount of compensation awarded (including all costs)
- the advance payment **must** be paid to the Department of Human Services **within 28 days** after the date judgment or settlement was made, **and**
- the total amount of compensation awarded (including all costs) under the judgment or settlement is fixed at more than \$5000.

### Note:

- Where the Commonwealth has paid eligible benefits (Medicare benefits, nursing home benefits, residential care or home care subsidies) for the same compensable injury or illness, the Department of Human Services will recover this amount.
- Where the advance payment amount is **not** 10 per cent or **not** made **within 28 days** of the judgment or settlement date, the notifiable person remains liable to repay the whole amount owing to the Commonwealth.
- Where the advance payment is more than the amount owing (an excess), the excess amount is refunded to the injured person.
- Where the advance payment is less than the amount owing (a shortfall), the Commonwealth recovers the shortfall from the injured person or the notifiable person (whichever is relevant).

### Filling in this form

- Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or X
- 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 you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

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

or

Fax: **02 9895 3200**

### Medicare reference number

If this compensation case has been notified to the Department of Human Services, quote the Medicare reference number below

### Injured person's details

1 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

**2** Date of birth  /  /

**3** Postal address  
  
  
 Postcode

**4** Daytime phone number  
 (  )  
 Mobile phone number

**5** Medicare card number  
-- Ref no.

**6** Is this person an overseas visitor?  
 No ☐  
 Yes ☐

**7** Is the claim being made on behalf of a person who:  
 • is under 14 years of age, **or**  
 • is under 18 years of age and does not have their own Medicare card, **or**  
 • does not have the capacity to act on their own behalf?  
 No ☐ **Go to 11**  
 Yes ☐ Give details of the person claiming (e.g. parent /guardian executor)

**8** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other   
 Family name  
  
 First given name  
  
 Second given name

**9** Postal address  
  
  
 Postcode

**10** Daytime phone number  
 (  )  
 Mobile phone number  
  
 Email  
  
@

## Details of the injured person's solicitor

**11** Solicitor's reference

**12** Name of firm

**13** Postal address  
  
  
 Postcode

**14** Daytime phone number  
 (  )  
 Fax number  
 (  )  
 Email  
  
@

## Notifiable person's details

**15** Notifiable person's reference

**16** Name of notifiable person

**17** Postal address  
  
  
 Postcode

**18** Daytime phone number  
 (  )  
 Fax number  
 (  )  
 Email  
  
@

**19** Does this claim involve more than 1 notifiable person?  
 No ☐  
 Yes ☐ Name(s) of other notifiable person(s)

## Claim details

20 Date of injury or illness

 /  / 

21 Type of Compensation being claimed:

**Tick ONE only**

Workers' Compensation ☐

Motor Vehicle Accident ☐

Transport Accident Commission ☐

Common Law ☐

Public Liability ☐

Other ☐ Give details below

22 Brief description of the injury or illness


## Judgment or settlement details

23 Has the amount of compensation been fixed under:

judgment ☐ settlement ☐

24 Date of judgment or settlement

 /  / 

25 Date the amount of compensation is required to be paid

 /  / 

26 Was the amount of compensation fixed on the basis that liability for the injury would be apportioned between the parties due to contributory negligence?

No ☐ **Go to 28**

Yes ☐ Total amount of compensation fixed **after** any apportionment

 \$

27 What is the percentage of the apportionment attributed to the injured person?

 %

Attach terms of settlement, deed of release or judgment document confirming how apportionment was determined.

28 Total amount of compensation fixed **before** any apportionment

 \$

## Advance payment

29 Do you intend to make an advance payment in respect of this compensation?

No ☐ **Go to 31**

Yes ☐ Amount to be forwarded to the Department of Human Services (10 per cent of the total amount of compensation fixed)

 \$

30 Have you satisfied the legislative requirements set out on page 1?

No ☐ This will not be considered an advance payment.

Yes ☐

## Compensation details

31 Does the amount of compensation fixed (in whole or in part) redeem liability for periodic payments?

No ☐

Yes ☐

32 Judgment only—amount of **past** medical expenses awarded

 \$

33 Judgment only—amount of **past** nursing home, residential care or home care expenses awarded

 \$

34 Amount of **future** medical costs awarded

 \$

35 Amount of **future** nursing home, residential care or home care costs awarded

 \$

## Past benefit details

36 Do you intend to make payment in respect of a Notice of past benefits or Notice of charge?

No ☐ **Go to 42**

Yes ☐

37 Has a **Section 23A Declaration** form (M0023) been provided?

No ☐

Yes ☐



If a **Section 23A Declaration** form (M0023) is being provided, it must be attached to this form.

38 Amount of past Medicare benefits refundable to the Department of Human Services

 \$

39 Amount of past nursing home benefits, residential care or home care subsidies refundable to the Department of Human Services

 \$

- 40** Has an amount previously been paid to the Department of Human Services in respect to past Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this claim?

No ☐

Yes ☐ Give details below

\$

- 41** Total amount refundable to the Department of Human Services after any previous payments

\$

### Centrelink payment

- 42** Is any amount payable to Centrelink (under Part 3.14 of the *Social Security Act 1991*)?

No ☐

Yes ☐ Give details below

\$

### Payment details

- 43** To make a payment by Electronic Funds Transfer (EFT), make payment to:

BSB: **092300**

Account number: **Your allocated unique account number**

Account name: **DHS Official Recovery of Compensation for Health Care and other services special account.**

Email: **compensation.finance@humanservices.gov.au**

**IMPORTANT:** You **must** include the compensation case reference number or Medicare card number in the payer reference field.

If making a bulk payment, clearly identify each individual case in the remittance advice deposited into the account.

### Refunds

- 44** In some circumstances, a refund may be payable where the amount received by the Department of Human Services exceeds the actual debt due to the Commonwealth. Should a refund **not** be payable to the injured person, indicate who is authorised to receive the refund:

Claimant ☐ (claiming on behalf of injured person)

Notifiable person ☐

Other ☐ Give details below (e.g. trustee)

**IMPORTANT:** You **may** be required to provide supporting documentation confirming who is authorised to receive any such refund.

### Bank account details of the authorised refund recipient

The bank account details are to be those of the authorised recipient of a refund as indicated in question 44.

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

**Payments cannot be made to a person under 14 years of age.**

- 45** Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

### Privacy notice

- 46** 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 personal information about the claimant, the claimant's legal representative and relevant contacts of the compensation payer dealing with the claimant's compensation claim. This information is required for the purposes of administering Medicare Compensation Recovery in accordance with the *Health and Other Services (Compensation) Act 1995*.

The department may disclose the claimant's personal information to the claimant's legal representative or the relevant compensation payer for these purposes, and to the Department of Social Services in relation to any services provided to the claimant 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

47 I/We declare that:

- the information I/we have provided in this form is complete and correct.
- I/we have attached supporting documentation in question 27 and question 37.

I/We understand that:

- knowingly or recklessly giving false or misleading information made to a Commonwealth entity is a serious offence under Division 136 of the *Criminal Code Act 1995*.
- both the injured person or their representative and the notifiable person must sign this declaration, and
- the **Third Party Authority** form (**M0021**) needs to be submitted authorising the representative to sign this declaration on the injured person's behalf.

Injured person's (or representative's) full name

Injured person's (or representative's) signature



Date

/ /

Notifiable person's full name

Notifiable person's signature



Date

/ /