



medicare

Medicare Compensation Recovery Notice of Judgment or Settlement

Purpose of this form

This form is to be completed by 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 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.

Advance payment – legislative requirements

The notifiable person may choose to make an advance payment to the Department of Human Services and pay the remaining balance to the refund recipient. Before an advance payment can be made, the notifiable person must comply with **section 33B** of the *Health and Other Services (Compensation) Act 1995*.

Under Section 33B the notifiable person may make an advance payment if:

- a Notice of Past Benefits has **not** been issued by the Department of Human Services in the 6 months prior to 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 \$5,000**, **and**
- they have advised the Department of Human Services (in the form of this request) that they intend to make an advance payment, **and**
- they have advised the injured person (or claimant), in writing, that they intend to make an advance payment.

An advance payment **must** be:

- **10 per cent** of the total compensation awarded (including costs), and
- paid to the Department of Human Services **within 28 days** after judgment or settlement was made.

Note: Where the advance payment does not meet either of the above requirements, the notifiable person remains liable to pay the whole amount owing to the Commonwealth.

Advance payment – reconciliation

Where the advance payment is more than the amount owing, the excess amount will be refunded to the refund recipient.

Where the advance payment is less than the amount owing, the remaining amount will be recovered from the injured person or the notifiable person (whichever is relevant).

Section 23A Statement

A completed **Medicare Compensation Recovery – Section 23A Statement** form (**M0023**) will be required to be submitted with this form if the injured person (or their authorised representative) declares that:

- a **Notice of Past Benefits has never been issued in relation to the case for compensation**. The Commonwealth has paid no eligible benefits in respect of services and care rendered or provided in the course of treatment for, or as a result of, the injury, **or**
- a **Notice of Past Benefits has previously been issued, but had expired at the time of judgment or settlement**. Other than those set out in the most recent Notice of Past Benefits issued the Commonwealth has paid no further eligible benefits in respect of services and care rendered or provided in the course of treatment for, or as a result of, the injury.

Note: Eligible benefits include past Medicare benefits, nursing home benefits, residential care or home care subsidies.

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 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 Is the amount of judgment or settlement more than \$5,000?

No



You are **not required to complete this form** or notify us of this case.

Yes

3 Does the injured person have a Medicare card?

No

Yes **Go to 5**

4 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 6**

Injured person's details

5 Medicare card number

Ref no.

6 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

7 Date of birth

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

No

Yes **Go to 11**

9 Postal address

Postcode

10 Daytime phone number

Mobile phone number

Email

@

Claim details

11 Date of injury or illness

12 Brief description of the injury or illness

13 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

14 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 18**

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

15 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

16 Postal address

Postcode

17 Daytime phone number

Mobile phone number

Email

@

Details of the injured person's solicitor

18 Solicitor's case reference (if known)

19 Australian Business Number (ABN)

20 Business name

21 Postal address

Postcode

22 Contact person's full name

23 Daytime phone number

Email

@

Notifiable person's details

24 Notifiable person's case reference (if known)

25 Australian Business Number (ABN)

26 Business name

27 Postal address

Postcode

28 Contact person's full name

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

30 Daytime phone number

Email

@

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

No **Go to 38**

Yes

Details of the notifiable person's solicitor

32 Solicitor's case reference (if known)

33 Australian Business Number (ABN)

34 Business name

35 Postal address

Postcode

36 Contact person's full name

37 Daytime phone number

()

Email

@

Judgment or settlement details

38 Has the amount of compensation been fixed under:

judgment settlement

39 Date of judgment or settlement

/ /

40 Is there a date the notifiable person is required to pay the amount of compensation under judgment or settlement?

No

Yes Date

/ /

41 Total amount of compensation including all legal costs

\$

42 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 44**

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

\$

43 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.

Compensation details

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

No

Yes

45 Were the past expenses fixed under judgment?

No

Yes Amount of **past** medical expenses awarded

\$

Amount of **past** nursing home, residential care or home care expenses awarded

\$

46 Were future costs awarded?

No

Yes Amount of **future** medical costs awarded

\$

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

\$



Attach terms of settlement, deed of release or judgment document confirming the above amounts.

Payment options

47 Has a Notice of Past Benefits been issued?

No

Yes **Go to 49**

48 Did the injured person receive any Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this case?

No



Attach an appropriately completed **Section 23A Statement** form (M0023).
Go to 56

Yes **Go to 51**

49 Was the Notice of Past Benefits valid at the time of judgment or settlement?

No

Yes Under Section 24 of the *Health and Other Services (Compensation) Act 1995*, the Notice of Past Benefits becomes the Notice of Charge and contains any amount payable to the Department of Human Services.

Go to 53

50 Did the injured person receive any further Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this case other than those specified in the expired Notice of Past Benefits?

No



Attach an appropriately completed **Section 23A Statement** form (M0023).
Go to 53

Yes

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

No **Go to 53**

Yes Amount to be paid to the Department of Human Services (10 percent of the total amount of compensation fixed)

\$

52 Have you notified the injured person that you intend to make an advance payment?

No This will not be considered an advance payment.

Yes



Attach a copy of letter to claimant.

Payment details

53 To make a payment by Electronic Funds Transfer (EFT), make payment to:

BSB: **092 300**

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

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

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, and email the Remittance Advice to

compensation.finance@humanservices.gov.au

If you have made a payment instruction online, you do NOT need to provide the Remittance Advice.

Refunds

54 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:

- Injured person's authorised representative
- Injured person's solicitor
- Public Trustee
- Notifiable person
- Notifiable person's solicitor
- Other Give details
(e.g. Estate of)

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 54.

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.

55 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 and your personal information

56 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

57 I declare that:

- the information I have provided in this form is complete and correct.
- I have attached any required supporting documentation.

I understand that:

- giving false or misleading information is a serious offence.

Notifiable person's full name

Notifiable person's signature

Date