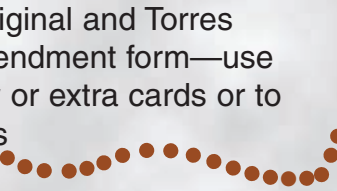




# Messages about Medicare

No ID—no problem with the Aboriginal and Torres Strait Islander enrolment and amendment form—use the form for new enrolments, new or extra cards or to change name and address details



Medicare cards are needed for seeing a doctor, getting medicine, having pathology tests, x-rays and going to hospital—it can mean it's free or cheaper for the patient



The PBS Safety Net is there for people and families who need a lot of prescription medicine—patients can talk to their chemist about keeping a list for them



Enrolling babies in Medicare also means they are on the Australian Childhood Immunisation Register—this keeps track of the child's immunisations



Encourage your patients to always carry their Medicare card with them—this helps when medical help or medicine are needed quickly



Aboriginal and Torres Strait Islander access line—1800 556 955\*\*

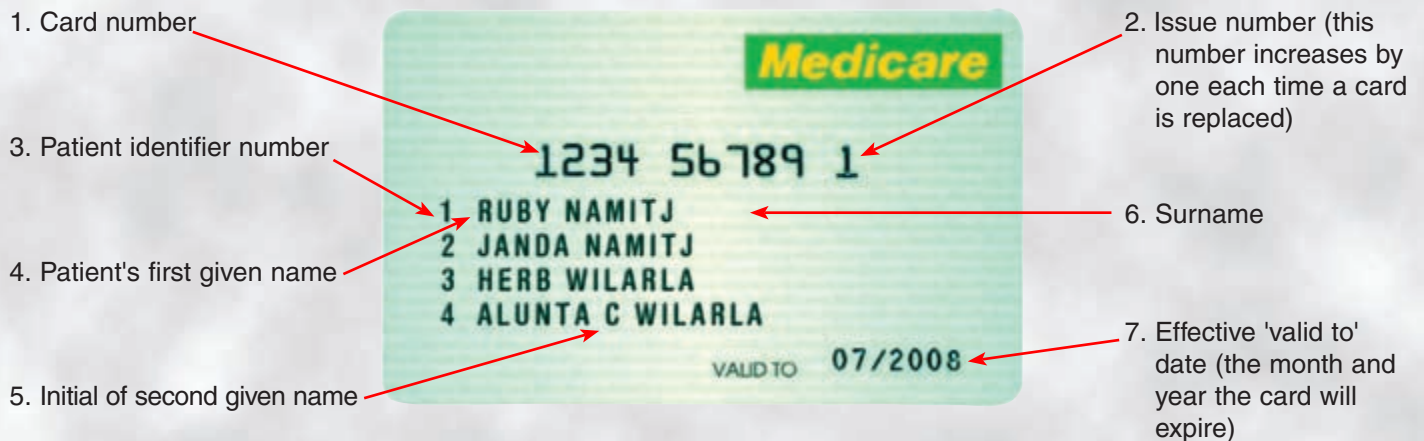


# Medicare enrolment

Australians who live permanently in Australia are generally eligible to enrol in Medicare.

- Your patients must be enrolled with Medicare before your health service can be paid a Medicare benefit.
- When your patients are travelling, they will need their Medicare card in case they need to see a doctor or get medicine.
- Everyone will need to show their Medicare card when they are getting prescription medicine from a pharmacy.
- A child's Medicare enrolment sets up their immunisation record. Having no immunisation record can affect Centrelink payments.

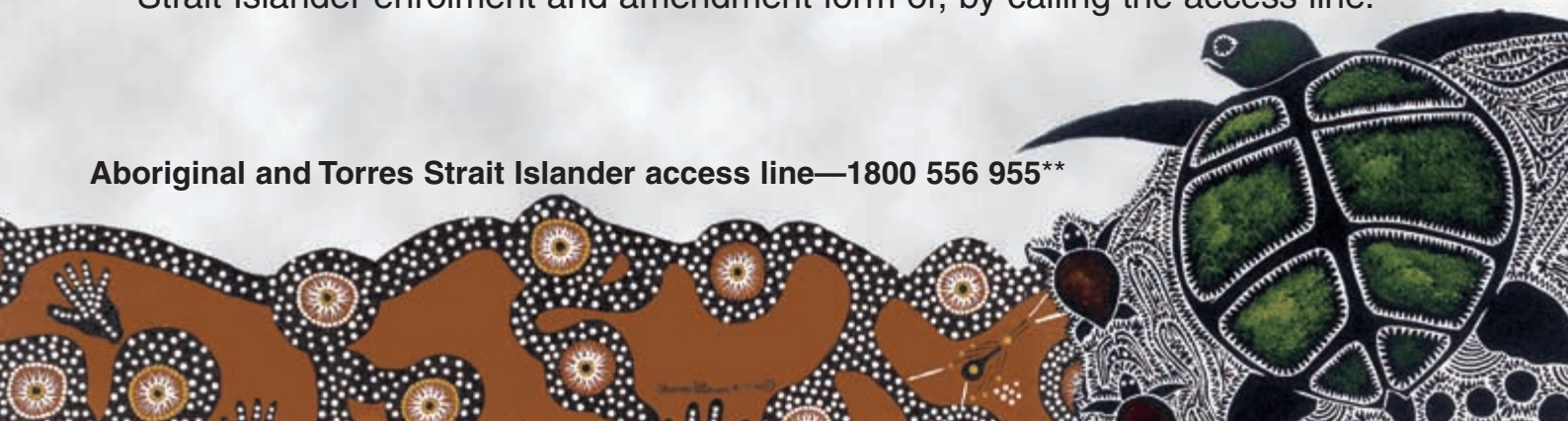
## Medicare cards



## Messages about Medicare cards

- Expired cards cannot be used to bulk bill so health services might miss out on funding.
- Medicare cards expire every seven years, or when the patient's details change.
- It is important that Medicare has current address details to post new Medicare cards to.
- Your patients can change their contact details by using the Aboriginal and Torres Strait Islander enrolment and amendment form or, by calling the access line.

Aboriginal and Torres Strait Islander access line—1800 556 955\*\*



# Aboriginal and Torres Strait Islander enrolment and amendment form

## What can the form be used for?

- To enrol with Medicare for the first time.
- Change of name and/or address.
- To order a duplicate card.
- To order a replacement card (lost, stolen, damaged or expired).
- To add a newborn baby to an existing Medicare card.

## Identification requirements

Identification needs to be provided to enrol in Medicare. One of the following pieces of identification can be shown, or the proof of identity section (section 8 on the back of the form) will need to be filled out:

- current passport
- birth certificate or birth extract
- photographic driver's licence
- Australian armed services papers

If a person does not have any of the forms of identification listed, the proof of identity section can be filled out by an approved referee.

**Aboriginal and Torres Strait Islander Medicare enrolment and amendment form**

New enrolment  (Sections 1, 2, 3, 4, 6 and 7 required) Volunteer Indigenous details  (Sections 1, 3, and 7)  
Adding someone  (Sections 1, 2, 4, 6 and 7) Duplicate card  (Sections 1, 4 and 6)  
Changing name  (Sections 1, 2, 3, 6 and 7) Replacement card  (Sections 1, 2, 5 and 6)  
Changing address  (Sections 1 and 6) Safety net  (Sections 1, 6 and 7)

**Section 1: Aboriginal and Torres Strait Islander Applications/Referrals/Qualify (fill out every time)**

This is Mr  Ms  Mx  Other  First name \_\_\_\_\_  
Second name \_\_\_\_\_ Family name \_\_\_\_\_  
Other names you are or have been known by (please provide cardholder's previous name here if nothing as of a name change) \_\_\_\_\_

Current address (please provide new address here if nothing as of a change of address) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Residential address \_\_\_\_\_  
Previous address (if nothing as of a change of address and if known) \_\_\_\_\_

Daytime phone no. \_\_\_\_\_ Sex: Male  Female  Date of birth: / /  
Are you of Aboriginal or Torres Strait Islander origin? Yes - Aboriginal  Yes - Torres Strait Islander  No   
Medicare number (if known, e.g. requiring a change or duplicate/replacement card) \_\_\_\_\_  
\* For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.

**Section 2: Proof of Identity (check one box) (Include a photocopy of supporting evidence if applicable)**

You can use one of the following ID (or a certified photograph if you are making the form):  
• Drivers licence • Birth certificate or extract • Current passport • Australian Armed Services papers • Marriage certificate • Legal document  
A certified copy means one of the following people has signed and written this is a true copy of the original document:  
• community elder • medical/health service manager/nurse • school principal • Centrelink officer • council chairperson • minister of religion  
• welfare organisation worker  
No ID no worries! Just get the following details filled out and signed by one of the people listed above.

I (full name of referee) \_\_\_\_\_ am providing this reference  
because the applicant cannot provide the ID listed above. I have known the applicant personally for \_\_\_\_\_ years \_\_\_\_\_ months.  
ORI can confirm their identity from the following information:  
medical records  school records  church records  other (please specify) \_\_\_\_\_  
I understand it is an offence under the Health Insurance Act 1973 to make false or misleading statements relating to Medicare benefits. I declare that to the best of my knowledge and belief, all information on this form is true and correct.

Referee signature \_\_\_\_\_ Date: / /  
Phone number \_\_\_\_\_ Name of the organisation \_\_\_\_\_

**Section 3: Are there details of other people to include or change on the card?**  
Yes  - please provide details in section 7 on the next page. No

**Section 4: Duplicate card (available if there is more than one person on the card)**  
Do you wish to have a second copy of your card? Yes  No

**Section 5: Replacement Card**  
Was your card? Lost  Stolen  Damaged/destroyed  Expired

**Section 6: Referee (once only every time)**  
I declare that to the best of my knowledge and belief, all information on this form (including any information provided in Section 7) is true and correct.  
Cardholder's signature \_\_\_\_\_ Date: / /  
Note: It is an offence under the Health Insurance Act 1973 to make a false statement relating to Medicare benefits.  
Privacy note: The information you provide on this form will be used to determine eligibility for Medicare benefits and to maintain a record of enrolment for government programs administered by Medicare Australia. Collection of this information is authorised by law and may be disclosed to the Department of Human Services, the Department of Health and Ageing, the Department of Veterans Affairs, the Department of Immigration and Citizenship and Centrelink. Information concerning any identification number given to you by Medicare Australia and your eligibility for any benefit administered by Medicare Australia may be provided to a person who requires a hospital service, medical or pharmaceutical services, a member of the staff of that person, or to a person nominated to administer your affairs.

**Section 7: Details of other people to be included or changed on this card**

If there is not enough space to include everyone to be listed on the card, get another copy of this section or photocopy it and attach it to this form. You can also just write the required details on a piece of paper and attach it.

New enrolment - list all other people to be on the card  
 Adding a new person only  
 Changing the name of a person on the card  
 Safety Net registration

\* A spouse is a person legally married and not separated, or a man and a woman in a de facto relationship.  
\* A dependent is a child under 18 years or a full-time student under 25 years whom you support.  
Please provide ID (as described in Section 2) for each person being enrolled, added to the card or having their details changed.  
**No ID - no worries!** Just get one of the people mentioned in Section 2 to fill in the referee statement or declaration.

Spouse  Dependent child  Other  - please specify \_\_\_\_\_  
First name \_\_\_\_\_ Second name \_\_\_\_\_  
Family name \_\_\_\_\_ Sex: Male  Female  Date of birth: / /  
Other names the person is or has been known by (please indicate the person's previous name here if nothing as of a name change) \_\_\_\_\_

Is this person of Aboriginal or Torres Strait Islander origin? Yes - Aboriginal  Yes - Torres Strait Islander  No   
\* For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.  
Medicare number (if already enrolled and known to Safety Net) \_\_\_\_\_

**Referee statement and declaration. Only have this section completed if no ID is available.**  
I (full name of referee) \_\_\_\_\_ am providing this reference  
because the above mentioned person cannot provide ID. I have known the applicant personally for \_\_\_\_\_ years \_\_\_\_\_ months.  
ORI can confirm their identity from the following information:  
medical records  school records  church records  other (please specify) \_\_\_\_\_  
I understand it is an offence under the Health Insurance Act 1973 to make false or misleading statements relating to Medicare benefits. I declare that to the best of my knowledge and belief, all information on this form is true and correct.

Referee signature \_\_\_\_\_ Date: / /  
Phone number \_\_\_\_\_ Name of the organisation \_\_\_\_\_

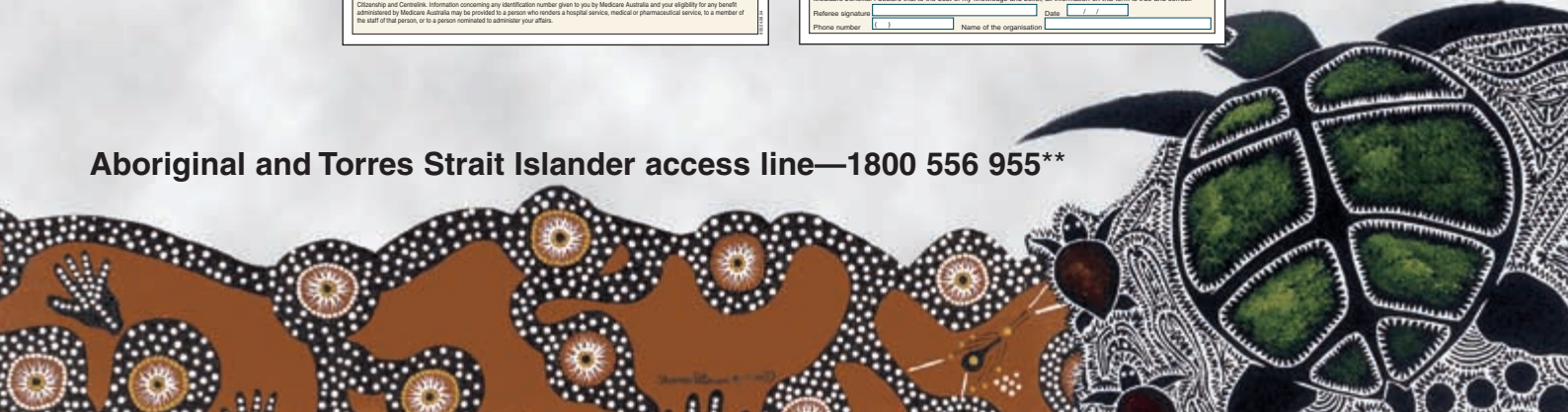
Spouse  Dependent child  Other  - please specify \_\_\_\_\_  
First name \_\_\_\_\_ Second name \_\_\_\_\_  
Family name \_\_\_\_\_ Sex: Male  Female  Date of birth: / /  
Other names the person is or has been known by (please indicate the person's previous name here if nothing as of a name change) \_\_\_\_\_

Is this person of Aboriginal or Torres Strait Islander origin? Yes - Aboriginal  Yes - Torres Strait Islander  No   
\* For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. Responding to this question is voluntary.  
Medicare number (if already enrolled and known to Safety Net) \_\_\_\_\_

**Referee statement and declaration. Only have this section completed if no ID is available.**  
I (full name of referee) \_\_\_\_\_ am providing this reference  
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ORI can confirm their identity from the following information:  
medical records  school records  church records  other (please specify) \_\_\_\_\_  
I understand it is an offence under the Health Insurance Act 1973 to make false or misleading statements relating to Medicare benefits. I declare that to the best of my knowledge and belief, all information on this form is true and correct.

Referee signature \_\_\_\_\_ Date: / /  
Phone number \_\_\_\_\_ Name of the organisation \_\_\_\_\_

Aboriginal and Torres Strait Islander access line—1800 556 955\*\*



## Aboriginal and Torres Strait Islander Identifier

An Aboriginal and Torres Strait Islander question has been included on Medicare enrolment forms. Answering this question is voluntary.

- The Indigenous identifier will be used to improve government health programs and outcomes for Indigenous people.
- The Indigenous information may be given to the Department of Health and Ageing, the Department of Human Services, Centrelink, the Department of Veterans' Affairs and the Department of Immigration and Citizenship.
- If at any time a customer no longer wishes to be identified as Aboriginal or Torres Strait Islander, they can have the information removed from their Medicare records by calling the access line.

## Enrolment—questions and answers

### What can I do if a patient comes to the AMS without a Medicare card?

- If the patient is enrolled with Medicare, call the access line and give the patient's details to see if a card number can be found.
- If a patient needs to enrol with Medicare, they need to fill out the Aboriginal and Torres Strait Islander enrolment form, and send it to the Indigenous Access team with a certified copy of one of the approved forms or identification, and/or the completed proof of identity section.
- A certified copy of identification or a completed proof of identity section is required for each person enrolling with Medicare.

### Who can be an authorised referee for the proof of identity section?

- An approved referee can include: community elders, school principals, Centrelink officers, Council chairperson, medical or health service managers/nurses, Ministers of religion and/or welfare organisation workers.

### How can the referee authorise the proof of identity

- The referee needs to know the person for six months or confirm who they are by using records—for example, school records.

**Aboriginal and Torres Strait Islander access line—1800 556 955\*\***

\*\* Call charges apply from mobile or pay phones only

