



This form is the first step in requesting a Notice of Past Benefits under Section 21 of the *Health and Other Services (Compensation) Act 1995*.

## Injured person's details

**1** Injured person's full name  
 Family name   
 Given names

**2** Date of birth

**3** Postal address

**4** Daytime phone number

**5** Medicare card number

**6** Is the injured person an overseas visitor? No  Yes

**7** Is the injured person under 14 years of age or mentally incapacitated?  
 No  **Go to Question 9**  
 Yes

**8** Details of the person making the compensation claim on behalf of the injured person (e.g. parent, executor)  
 Family name   
 Given names   
 Postal address  
  
  
  
 Daytime phone number   
 Relationship to the injured person (e.g. parent, executor)

**9** Injury details  
 Date of injury   
 Brief description of the injury

## Compensation payer's details

**10** Name of compensation payer

**11** Postal address

**12** Phone   
 Fax   
 Email

**13** Type of compensation being claimed  
 Workers  TAC  Public   
 MVA  Common

**14** Compensation payer's reference (if known)

**15** Does this case involve more than one compensation payer?  
 No   
 Yes  Name(s) of other compensation payer(s)

## Injured person's solicitor's details

**16** Name of firm

**17** Postal address

**18** Phone   
 Fax   
 Email

**19** Solicitor's reference (if known)

**Privacy note** — The details on this form will be used by Medicare Australia to register a claimant, process the claim and determine the amount (if any) owing to the Australian Government in accordance with the *Health and Other Services (Compensation) Act 1995*. Collection is authorised by the Act and may, by law, be disclosed to the Department of Health and Ageing, the Australian Taxation Office and Centrelink.

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