Australian Government
Medicare Australia

Notice of Reimbursement Arrangement

See Section 13 of the *Health and Other Services (Compensation) Act 1995*

Our Reference

Part A—Compensation payer's details

Compensation payer's reference

Name

Postal address

State Postcode

Phone Fax

Email

Does this case involve more than one compensation payer?

No Yes ▶ Names of the other compensation payers

Part B—Injured person's details

Family name

Given names

Postal address

State Postcode

Phone

Date of birth / /

Is this person an overseas visitor? No Yes

Medicare number

Is the claim being made on behalf of a person who is:

- under 14 years of age, or
- physically or mentally incapacitated?

No Yes ▶ Give details of the person claiming (e.g. parent, executor)

Family name

Given names

Postal address

State Postcode

Phone

Part C—Solicitor's details (of injured person)

Solicitor's reference

Name of firm

Postal address

State Postcode

Phone Fax

Email

Part D—Claim details

Date of injury / /

Type of compensation

Workers MVA TAC Common Public

Brief description of the injury

Part E—Reimbursement arrangement details

Date claim for compensation was lodged

/ /

Note: This notice must be sent to Medicare Australia within 28 days of the arrangement being made, where an arrangement was made after 6 months from the date the claim for compensation was lodged.

Date reimbursement arrangement was made

/ /

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, Australian Taxation Office and Centrelink.

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