



Dahab Egypt Bombing Health Care Costs Assistance registration

Complete this form to register for Dahab Egypt Bombing Health Care Costs Assistance

If you are unsure about how to complete this form or whether you are eligible, please call the Medicare Australia Special Assistance enquiry line on **1800 660 026**** (Monday to Friday between 7.30 am and 5.00 pm Australian Western Standard Time)

Section 1 Applicant's details

1. Applicants Medicare number	<input type="text"/>		
2. Name of Applicant	<input type="text"/>		
Title eg. Mr/Mrs	Family name	First name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. Applicants date of birth	<input type="text"/>		
4. Applicants current mailing address	5. Applicants daytime telephone number		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Postcode	()		

Section 2 Declaration

I declare that I am eligible to register for the Dahab Egypt Bombing Health Care Costs Assistance under the following category (please tick one only):

Category A—Physically injured
I declare I am eligible for Medicare and;

- was in Dahab Egypt on 24 April 2006 and
- was physically injured by the bombing or was physically affected by the effects of the bombing (eg smoke inhalation, falling debris or other immediate effects)

Eligible for medical, hospital, pharmaceutical and allied health goods and services

Not physically injured—Categories B, C and D
Australians who fall into the following categories will be eligible for assistance with the costs of counselling, psychological services and psychiatric services:

Category B—Australian not physically injured
I declare I am eligible for Medicare and was not physically injured but;

- was in Dahab, Egypt on 24 April 2006 and was directly exposed to the aftermath (for example by seeing injured or deceased people, or assisting in the event response by providing counselling etc)

Category C—Family member of an Australian who either died or who was physically injured
I declare I am eligible for Medicare. An immediate¹ family member of an Australian resident who either:

- died as a result of the Dahab Egypt bombing on 24 April 2006, or
- was physically injured, or
- was seriously psychologically injured, as a result of the bombing.

Category D—Family member of a non-Australian who died as a result of the bombing

- I declare I am eligible for Medicare. An immediate family member of a non-Australian who died as a result of the Dahab Egypt bombing.

Name of person who either died or was injured in the Dahab Egypt bombing	Relationship
<input type="text"/>	<input type="text"/>

Privacy note: I consent to Medicare Australia using my Medicare card number to validate appropriate payments. I also consent to Medicare Australia checking Medicare Benefits Schedule payments, Pharmaceutical Benefits Schedule payments and private hospital payments or undertaking verification related to any other benefit program or assistance provided by the Australian, State/Territory Governments or by any other non-government organisation to which this scheme may be directly related. I consent to and authorise Medicare Australia obtaining personal information from other agencies and organisations on the understanding that the information will be handled sensitively and appropriately for the purpose of assessing registration and claims. Information obtained from this form may be released to the Department of Health and Ageing, the Department of Human Services, the Department of Family and Community Services, Centrelink, other relevant Australian Government and State/Territory government agencies and other organisations providing relevant assistance for monitoring and assessment purposes (for example charities or overseas organisations) and/or to enable those bodies to offer assistance. I understand that benefits are provided under the scheme as a result of information that I have provided and that providing false or misleading information may result in Medicare Australia recovering benefits.

Applicant's signature	<input type="text"/>	Date	<input type="text"/>
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**Call charges apply from mobile and pay phone only.

Section 3 Checklist

Have you attached appropriate supporting documents? (see information sheet)

Have you ticked one appropriate category?

Have you signed and dated this form?

Please complete and return this form to:

- your local Medicare office
- fax to **08 9214 8129**
- post to **Medicare Australia Special Assistance
Reply Paid 9822
Perth WA 6848** (no stamp required)

¹ Definition of an immediate member of the family of a victim for the purpose of this scheme is:

- a parent, step-parent, sibling, step-sibling, child, step-child, grandparent, partner or ex-partner where he or she accompanies, or provides care for, a child or children of the victim, or
- the next-of-kin of the victim (other than those above), or
- another relative where Medicare Australia is satisfied that a close relationship exists, or existed, or that person is providing, or has provided, key emotional support to the victim.