



Mumbai claim



Complete this form to claim Mumbai Special Health Care benefits

(Please tick relevant box/boxes) Hospital Pharmaceutical Allied Medical

Instructions: Submit your completed claim form together with any original accounts, receipts, Medicare or private health insurance documentation to Medicare Australia.

Mail to **Medicare Australia Special Assistance, Reply Paid 9822, Perth WA 6848**, (no stamp required) or visit any Medicare office or fax to **08 9214 8129**.

Note: for information regarding claims call 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).

* Call charges apply

Tick where applicable

Patient's details – The patient is the person who received the medical service

1 Patient's Medicare card number? Reference number

Patient's first given name	Services provided by e.g. Dr A P Jones	Account paid in full?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Claimant's details – The claimant is the person who paid for, or is likely to pay for, the goods or services. Benefits will be paid to this person.

3 Is the claimant's Medicare card number the same as the patient's?
Yes No Claimant's Medicare card number Reference number

4 Claimant's full name
Family name
First given name
Date of birth / /
Sex Male Female

5 Postal address?

Postcode

Do you want this recorded as your permanent postal address?

Yes No

6 Daytime phone number ()

Email (optional)
@

Private health fund details – This section must be completed

Note: for benefits to be paid, please ensure you claim from your private health fund or other insurance fund prior to making this claim.

7 Are you a member of a private health fund? Yes No

8 If yes, name of your private health fund

9 Membership number

10 Type of cover Hospital Ancillary Both

11 Have you claimed from your fund? Yes No

12 Are any expenses recoverable through any other type of insurance? Yes No

13 If yes, name of company where policy is held

Payment of benefits – *It is important you provide your bank account details.*

Have you previously supplied your bank account details? Yes No

To supply or update your bank account details, please provide the following information. These details will be used for future payments.

Note: EFT cannot be paid into credit card or loan or mortgage accounts.

14 Name of bank, building society or credit union

15 Branch where account is held

16 Branch number (BSB) –

17 Account number (this may not be your card number)

18 Account held in the name(s) of

If you want a statement of benefit posted, please tick this box

We will automatically issue a statement of benefit to you if your claim includes in-hospital services.

Claimant declaration

I hereby claim payment for out-of-pocket expenses incurred as a result of the civil disturbances, terrorist attacks and bombings, and natural disasters in Mumbai India on 26 and 27 November 2008 and I declare that:

- I am eligible to receive assistance under the Mumbai special health care benefits scheme
- the goods and/or services are as a result of the Mumbai terrorist attacks of 26-27 November 2008
- that all other entitlements and benefits (both government and insurance) have been claimed where possible
- all of out-of-pocket expenses claimed by me relate to goods/and or services for which I am entitled to claim payment under the Mumbai special health care benefits scheme
- to the best of my knowledge and belief all the information in this claim is true and correct.

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 the scheme may be directly related. I consent to and authorise Medicare Australia obtaining personal information from other agencies and organisations for the purpose of assessing registration and claims. 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 provided by this scheme.

I also authorise Medicare Australia to contact the provider of the goods and/or services and/or the originator of any documentation if clarification of details on accounts/receipts/statements is required for payment purposes.

Signature of claimant†

Date / /

Privacy note

The information provided on this form will be used to assess any Special Health Care benefit payable for services rendered under the Mumbai Assist Scheme. Its collection is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Human Services, Department of Health and Ageing, Centrelink, Department of Families, Housing, Community Services and Indigenous Affairs, other relevant Australian Government and State/Territory government agencies and other organisations providing relevant assistance for monitoring the assessment purposes (for example charities or overseas organisations) to enable those bodies to offer assistance or as authorised or required by law.

Office use only

Payment amount to claimant \$

Payment amount to provider or pharmacist \$

Approved by

Signature Date / /

† The person who received the goods and/or services.
All documents supporting this claim will be retained by Medicare Australia.