

Claimant declaration and consent

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.

Claimant's signature

Date

Privacy note

The information provided on this form will be used to assess your eligibility to register for the Mumbai Disaster Health Care Assistance 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 and assessment purposes (for example charities or overseas organisations) to enable those bodies to offer assistance or as authorised or required by law.