



Medicare Compensation Recovery Bank account details collection

Purpose of this form

Complete this form if you are the injured person or the authorised representative (including the parent or guardian) of the injured person for a compensation recovery case and want the Australian Government Department of Human Services to store your bank account details for the purposes of making future compensation recovery payments.

The bank account details provided on this form will be held for the Medicare Compensation Recovery case only. Any changes to your bank account details held for Medicare purposes will not be automatically updated for this case.

The Department of Human Services must be notified immediately in writing of any changes to your bank account details.

For more information

For more information about Medicare Compensation Recovery, go to humanservices.gov.au/medicarecompensationrecovery or email compensation.finance@humanservices.gov.au or call **132 127** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this ➔ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return the completed form and any required documentation by:

Email: compensation.recovery@humanservices.gov.au

Include your Medicare compensation case reference number or Medicare card number in the subject field.

or

Fax: **02 9895 3200**

or

Post: **Department of Human Services
Medicare Compensation Recovery
GPO Box 4104
SYDNEY NSW 2001**

Medicare case reference number

- 1 If this compensation case has been registered with the Department of Human Services, provide the Medicare compensation case reference number

Injured person's details

- 2 Does the injured person have a Medicare card?

No

Yes ➔ Provide Medicare card number -- Ref no.

- 3 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 4 Date of birth

- 5 Do you want to use your contact details held by Medicare?

No

Yes ➔ **Go to 8**

- 6 Postal address

Postcode

- 7 Daytime phone number

Mobile phone number

Email

@

Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

If the injured person is **under 14 years of age**, include bank account details of the authorised representative (including a parent/guardian).

8 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy and your personal information

- 9** Your personal information, and the personal information of others that you provide, is protected by law, including the *Privacy Act 1988*. The Australian Government Department of Human Services (the department) collects this personal information for the purposes of administering the *Health and Other Services (Compensation) Act 1995*. The department may collect personal information about the injured person from the injured person's authorised third party and/or solicitor, and from the notifiable person or compensation payer that is dealing with the injured person's compensation claim.
- The department may disclose the injured person's personal and sensitive information to the authorised third party, solicitor and the relevant notifiable person or compensation payer. Information that may be disclosed includes information contained in a completed History Statement, Notice of Past Benefits and Notice of Charge, as well as information about relevant events relating to the injured person's compensation claim. In addition, the department may disclose the injured person's personal and sensitive information to the Department of Health for the purposes of determining the injured person's eligibility for payments and services under the *Aged Care Act 1997*.
- Your information may also be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.
- You can get more information about the way in which the department will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration

10 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Print full name of injured person (or authorised representative)

Signature of injured person (or authorised representative)

Date