

Authorisation to act on an incapacitated person's behalf for Medicare purposes

IMPORTANT: To obtain authority to act on a person's behalf, the person must be unable to manage their own affairs because of a medical condition.

Purpose of this form

Use this form if you want to act on behalf of someone who is incapable of managing their own affairs for Medicare services.

To be an authorised representative you need to give us all of the following

All 4 document types listed below **must** be provided. These documents must be originals or certified copies.

1 Proof of identification

- Current photo identification (driver licence, passport or proof of age card).

2 Statutory declaration

- Statutory declaration stating your relationship and your responsibility to the customer.

3 Evidence of a similar arrangement

This can include **one** of the following:

- evidence of authorised representative appointment to receive Continence Aids Payment Scheme payments on the person's behalf, **or**
- evidence of Centrelink nominee arrangement, **or**
- evidence of similar arrangements with another organisation or government agency (e.g. bank or financial institution).

4 Evidence of customer's inability to manage their own affairs

This can include **one** of the following documents (which must include the treating medical professional's name, qualification and contact details) and **must be dated within the last month:**

- specialist report, **or**
- any recent assessment of the customer's condition or intellectual function from the specialist or psychologist, **or**
- a letter from the treating doctor.

Where medical assessment indicates that the customer's inability to manage their own affairs is likely to be temporary, the specialist report needs to include an end date.

More information

To act on behalf of another person for Medicare purposes, you must be 18 years of age or over and be a close friend or relative to the customer. You must not be a paid carer from an organisation, institution or community health service.

Do not complete this form where a power of attorney, guardianship order, administrative order or similar legal arrangement is in place. If you have one of these and it is not registered with Medicare, you need to provide the original either in person at one of our service centres or a certified copy by post. For more information, go to humanservices.gov.au/nominees

For more information

For more information about Medicare or for assistance completing this form, go to humanservices.gov.au/medicare or call **132 011** 24 hours a day, 7 days a week.

Note: Call charges may apply.

Filling in this form

The person applying to be the authorised representative must complete this form.

- **Please use black or blue pen**
- **Print in BLOCK LETTERS**

Returning your form

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

Return your completed form and all required documents

- in person to one of our service centres, **or**
- by post to:

Department of Human Services
GPO Box 9822
in your capital city

Medicare customer's details

1 Medicare card number

2 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Gender Male Female

4 Date of birth

5 Permanent address

 Postcode

6 Postal address (if different to above)

 Postcode

Authorised representative's details

7 Mr Mrs Miss Ms Other

Family name

First given name

8 Date of birth

9 What is your relationship to the Medicare customer?

10 Permanent address

 Postcode

11 Postal address (if different to above)

 Postcode

Contact phone number

Obligations

12 Privacy notice

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

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

13 Authorised representative acceptance

I agree to:

- access, use or disclose the information only as authorised by the person to whom the information relates.

I declare that:

- I understand and accept the responsibilities and obligations to act on behalf of and in the best interests of the customer.
- my appointment as an authorised representative by the Australian Government Department of Human Services will be cancelled if I do not comply with my responsibilities and obligations.
- the information I have provided in this form is complete and correct.
- all 4 required documents outlined on page 1 of this form are attached.

I understand that:

- an authorised representative arrangement does not remove the person's right to deal with Medicare
- any personal information I am given access to under this arrangement is protected under Commonwealth legislation.
- as an authorised representative, general information can be sent to me if required.
- this authorisation can be cancelled or changed at any time.
- giving false or misleading information is a serious offence.
- an incomplete application and/or insufficient original or certified copies of the required documentation will be returned to me.
- My authorisation will only be in effect when presentation of all required documents and completed application is provided.

Signature of the authorised representative applying to act on behalf of the customer

Date