Australian Government
Services Australia

medicare

Medicare Compensation Recovery Section 23A statement (M0023)

When to use this form

This form is to be completed by the injured person or claimant (such as a legal representative) after judgment or settlement, where:

- a notice of past benefits has not been issued by Services Australia within the previous 6 months
- they are declaring that **on the date the amount of compensation was fixed, either**:
  - **no eligible benefits** have been received in relation to the injury or illness
  - **no further eligible benefits** have been received in relation to the injury or illness, since the expired notice of past benefits was issued.

This form should be sent to Services Australia **within 28 days after the date** the amount of compensation was fixed.

Definitions

Compensation payer is the person who is liable to make a payment of compensation and can include a notifiable person.

Injured person is the person in respect of whose injury or illness, the compensation may be paid.

Claimant is the person making a claim for compensation under the *Health and Other Services (Compensation) Act 1995* (the Act) either on their own behalf or on behalf of another person.

Authorised third party is either an organisation (such as a law firm) or an individual (such as a friend or relative) who is being authorised in this form to act on behalf of the injured person or claimant under the Act. This also includes a legal representative.

Legal representative is a person who has been appointed by law to act on the injured person's behalf such as an executor, court order, Power of Attorney.

Eligible benefits include Medicare benefits, nursing home benefits, residential care subsidies or home care subsidies.

For more information

Go to **servicesaustralia.gov.au/medicarecompensationrecovery** or call **132 127** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

If you need an interpreter, call **132 127** and we will arrange one for free.

Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ***Go to 1*** skip to the question number shown.

Compensation case or claim reference numbers

1 Provide the compensation case or claim reference numbers (if known)

Medicare

Insurer

Injured person's details

2 Is the injured person listed on a Medicare card?

No ☐

Yes ☐ Provide Medicare card number Ref no.

3 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

4 Date of birth (DD MM YYYY)

5 Postal address

Postcode

6 Daytime phone number (including area code)

Mobile phone number

Email

7 Is this form being completed on behalf of the injured person?

No ☐ ***Go to 10***

Yes ☐

8 Which of the following best describes the injured person?

Tick one only

Under 14 years of age ☐

Over 14 years of age and does not have the capacity to act on their own behalf ☐

Deceased ☐

If this claim is being made on behalf of someone **14 years of age or over who does not have the capacity to act on their own behalf or is deceased**, provide supporting documentation, for example:

- Power of Attorney, court order, Last Will and Testament, probate

and

- a completed **Medicare Compensation Recovery Third party authority (M0021)** form.

9 What is your relationship to the injured person?

Tick one only

Parent ☐

Guardian ☐

Legal representative ☐

Public trustee ☐

Other ☐ Give details below

Claim details

10 Date of injury or illness (DD MM YYYY)

If exact date is unknown, write the 1st of the month and year or date of the first treatment. The date of injury must match the one on the case.

11 Provide a brief description of the injury or illness

Details of compensation payer(s)

12 Compensation payer 1

This party will be liable to pay the charge for recoverable benefits and subsidies.

Compensation payer's case reference

Compensation payer's business name

Australian Business Number (ABN)

Postal address

Postcode

Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Contact person's position, for example, claim manager, compensation assessor

Daytime phone number (including area code)

Email

Compensation payer 1's solicitor or agent (if applicable)

Solicitor's or agent's case reference

Solicitor's or agent's business name

Australian Business Number (ABN)

Postal address

Postcode

Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

Contact person's position, for example, claim manager, compensation assessor

Daytime phone number (including area code)

Email

13 Is there more than one compensation payer?

No ☐ ***Go to 15***

Yes ☐ *Go to next question*

14 Compensation payer 2

Compensation payer's case reference

Compensation payer's business name

Australian Business Number (ABN)

Postal address

Postcode

Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

Contact person's position, for example, claim manager, compensation assessor

Daytime phone number (including area code)

Email

Compensation payer 2's solicitor or agent (if applicable)

Solicitor's or agent's case reference

Solicitor's or agent's business name

Australian Business Number (ABN)

Postal address

Postcode

Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Contact person's position, for example, claim manager, compensation assessor

Daytime phone number (including area code)

Email

If there are more than 2 compensation payers, provide a separate sheet with details.

Privacy notice

15 The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process, issue notices and manage the compensation claim under the *Health and Other Services (Compensation) Act 1995*. Your personal and sensitive information may be disclosed to the injured person, claimant, legal representative, authorised third party, compensation payer, notifiable person or the Department of Health.

We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

Declaration

16 I declare that on the date the amount of compensation was fixed:

- where a notice of past benefits has never been issued, that no Medicare benefit, nursing home benefit, residential care subsidy or home care subsidy has been paid in the course of treatment for, or as a result of, the injury or illness, **or**
- where a notice of past benefits has previously been issued, that no further Medicare benefit, nursing home benefit, residential care subsidy or home care subsidy has been paid in the course of treatment for, or as a result of, the injury or illness, **and**
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.

Injured person's or claimant's full name

Injured person's or claimant's signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Returning this form

Check that all required questions are answered and the form is signed and dated. Incomplete forms will not be processed. Edits or additions to previously submitted forms will not be accepted.

Return the completed form and any supporting documents by:

- **email** to **compensation.recovery@servicesaustralia.gov.au**
  There may be risks with sending personal information through unsecured networks or email channels.
- fax to **07 3004 5406**
- post to
  Services Australia
  Medicare Compensation Recovery
  GPO Box 2436
  BRISBANE QLD 4001

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