

Medicare Compensation Recovery

Notice of judgment or settlement (M0022)

When to use this form

Use this form to tell us about a judgment or settlement of a compensation claim.

This form is to be completed by the notifiable person.

The notifiable person is the compensation payer.

Important information

This notice **must** be sent to Services Australia **within 28 days** of the judgment or settlement date. For more information, see Section 23 of the *Health and Other Services (Compensation) Act 1995* available at legislation.gov.au

Failure or refusal to give notice may result in the notifiable person being liable for any outstanding amount owing to the Commonwealth.

For more information, see section 23 of the *Health and Other Services (Compensation) Act 1995* (the Act).

Advance payment – legislative requirements

The notifiable person may choose to make an advance payment to Services Australia and pay the remaining balance to the refund recipient. Before an advance payment can be made, the notifiable person must comply with section 33B of the Act.

Under section 33B, an advance payment may be made if:

- during the 6 months preceding the day on which an amount of compensation was fixed under judgment or settlement, a notice under section 21 (notice of past benefits to the notifiable person) had not been given
- a notice of judgment or settlement under section 23 has been given to the Chief Executive Medicare (CEM)
- a notice of advance payment under section 33A has been given to the injured person in writing before settlement, and
- the total compensation amount is more than \$5,000.

The advance payment amount **must** be:

- 10% of the compensation amount
- paid within 28 days after judgment or settlement was made.

You **must** tell us about the advance payment in this form.

Where the advance payment does not meet the requirements above, the notifiable person remains liable to pay the whole amount owing to the Commonwealth.

The Act is available at legislation.gov.au

Advance payment – reconciliation

Where the advance payment is:

- **more** than the amount owing, the excess amount will be refunded
- **less** than the amount owing, the remaining amount will be recovered from the injured person or the notifiable person (whichever is relevant).

Section 23A statement

A completed **Medicare Compensation Recovery Section 23A statement (M0023)** form will be required to be submitted with this form if the injured person (or their authorised representative) declares that:

- a notice of past benefits **has never been** issued in relation to the case for compensation. The Commonwealth has paid no eligible benefits in respect of services and care rendered or provided in the course of treatment for, or as a result of, the injury, or
- a notice of past benefits **has previously been** issued, but had expired at the time of judgment or settlement. No further benefits in respect of services and care rendered or provided in the course of treatment for, or as a result of, the injury were received other than those listed in the last notice of past benefits.

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

For more information

Go to servicesaustralia.gov.au/medicarecompensationrecovery or call 1800 777 653 Monday to Friday, 8:30 am to 5 pm (local time).

Information in your language

To speak to us in your language, call **131 202**.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

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.

Restrictions of making settlement

1 Is the amount of judgment or settlement more than \$5,000?

No ☐



You do **not** need to complete this form or notify us of this case.

Yes ☐

Compensation case or claim reference numbers

2 Compensation case or claim reference numbers (if known)

Medicare

Insurer

Injured person's details

3 Medicare card number

Ref no.

4 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

5 Date of birth (DD MM YYYY)

6 Postal address

Postcode

7 Provide at least one of the following:

Daytime phone number (including area code)

Mobile phone number

Email

Claim details

8 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.

9 Brief description of the injury or illness

10 Type of compensation being claimed:

Tick one only

Workers' compensation ☐

Motor vehicle accident ☐

Common law ☐

Public liability ☐

Other ☐ Give details below

11 Has the injured person made more than one claim for compensation for this same injury or illness?

No ☐

Yes ☐ Give details of all other compensation claims below

Other compensation claim 1

Compensation case or claim reference numbers (if known)

Medicare

Insurer

Compensation type

Other compensation claim 2

Compensation case or claim reference numbers (if known)

Medicare

Insurer

Compensation type

If you need more space, provide a separate sheet with details.

Claimant's details

12 What is your relationship to the injured person?

Tick one only

Parent ☐

Guardian ☐

Legal representative ☐

Solicitor ☐

Public trustee ☐

Other ☐ Give details below

13 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name or business name (if applicable)

First given name

Second given name

14 Postal address

 Postcode

15 Daytime phone number (including area code)

Mobile phone number

Email

Details of the injured person's solicitor or authorised third party

If the injured person or claimant wishes to give Services Australia authority to release compensation information to their solicitor or a third party and give permission for them to sign relevant documentation on their behalf, they should complete the **Medicare Compensation Recovery Third party authority (M0021)** form.

16 What is the solicitor's or authorised third party's relationship to the injured person?

Tick one only

Parent ☐

Guardian ☐

Legal representative ☐

Solicitor ☐

Public trustee ☐

Other ☐ Give details below



If this claim is being made on behalf of someone **14 or older 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).

17 Solicitor's or authorised third party's case reference

18 Solicitor's or authorised third party's business name

19 Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

20 Postal address

 Postcode

21 Daytime phone number (including area code)

Email

Details of compensation payer(s)

22 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

Contact person's full name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ 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 ☐ Mx ☐ 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

23 Is there more than one compensation payer?

No ☐ **Go to 26**

Yes ☐ **Go to next question**

24 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 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input type="checkbox"/>
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 <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input type="checkbox"/>
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.

Judgment or settlement details

25 Has the amount of compensation been fixed under:
judgment ☐ settlement ☐

26 Date of judgment or settlement (DD MM YYYY)

This is the date the amount of compensation was fixed. Providing this date is mandatory, **do not** proceed without providing this information.

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27 What is the date the notifiable person advised the injured person in writing that they may be liable for any debts? (DD MM YYYY)

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Provide the section 22 supporting document.

28 Is there a date the notifiable person is required to pay the amount of compensation under judgment or settlement?

No ☐

Yes ☐ Date (DD MM YYYY)

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29 Total amount of compensation (including all legal costs for settlement)

\$									
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30 Was the amount of compensation fixed based on an apportioned liability?

No ☐

Yes ☐ Percentage of apportionment attributed to the injured person

									%
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Compensation details

31 Does the amount of compensation fixed (in whole or in part) redeem liability for periodic payments?

No ☐

Yes ☐

32 Were the past expenses fixed under judgment?

No ☐

Yes ☐ Amount of **past** medical expenses awarded

\$									
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Amount of **past** nursing home, residential care or home care expenses awarded

\$									
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Provide the judgment document.

Past benefit details

33 Was the notice of past benefits valid at the time of judgment or settlement?

No ☐

Yes ☐ Under section 24 of the *Health and Other Services (Compensation) Act 1995*, the notice of past benefits becomes the notice of charge and contains any amount payable to Services Australia.

34 Did the injured person receive any Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this case?

No ☐

Provide a completed **Medicare Compensation Recovery Section 23A statement (M0023)** form

Yes ☐

Payment to Services Australia

35 Is any amount payable to Services Australia (under Part 3.14 of the *Social Security Act 1991*)?

No ☐

Yes ☐ Amount

\$									
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Unsure ☐

This information is not mandatory. Do not delay submission of this form awaiting confirmation.

Advance payment

You cannot make an advance payment if there was a valid notice of past benefits at the time of judgment or settlement.

36 Do you intend to make an advance payment in respect of this compensation?

No ☐ **Go to 38**

Yes ☐ Amount to be paid to Services Australia (10% of the total amount of compensation fixed)

\$									
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Only email remittance advice including insurer's or compensation payer's name and claim number, injured person's name and Medicare card number (if known), compensation case reference, payment amount and date of payment to
medicare.compensation.finance@servicesaustralia.gov.au
For all other matters relating to Medicare Compensation Recovery (including enquiries regarding claim processing, status or refunds), send your forms, notifications and enquiries to **compensation.recovery@servicesaustralia.gov.au**

37 Have you notified the injured person in writing that you intend to make an advance payment?

If you have not complied with your obligations for an advance payment, we may recover any amounts owing from you.

No ☐

This will not be considered an advance payment.

Yes ☐

Refunds



Advance payment refunds are only made to the injured person. If an injured person wishes for their solicitor to receive their advance payment refund, they must complete and return the **Medicare Compensation Recovery Bank account details collection (M0024)** form.

If you tried to make an advance payment, but did not meet your obligations, or you paid a notice of charge, we require your authorisation to pay any excess funds to the claimant. If we do not receive your authority, we will return those funds back to you.

38 Do you authorise Services Australia to pay any excess amounts from a failed advance payment or a paid notice of charge to the claimant?

No ☐

Yes ☐

Payment details

39 To make a payment by Electronic Funds Transfer (EFT), make payment to:

BSB: **092 300**

Account number: **Your allocated unique account number**

Account name: **Services Australia Official Recovery of Compensation for Health Care and other services special account**

You **must** include the compensation case reference number or Medicare card number in the payer reference field.

If you are making a payment for multiple claimants, the remittance advice must clearly identify each individual case.

If you do not have a unique account number, request one by emailing the above address with the following:

- business name, and
- postal address.

There may be risks with sending personal information through unsecured networks or email channels.

Privacy notice

40 The privacy and security of your personal information is important to us, and is protected by law. We 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, Disability and Ageing.

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

Declaration

41 I declare that:

- I have provided any required supporting documentation
- I have notified the injured person in writing that they may be liable for debts under sections 22 and/or 33
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Notifiable person's or authorised delegate's full name
(when the notifiable person is a business, provide the full name of the person signing)

Notifiable person's or authorised delegate's signature

Date of signature (DD MM YYYY)

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Returning this form

Check that all required questions are answered and the form is signed and dated. Incomplete forms will not be processed. Changes 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.
- **post to**
Services Australia
Medicare Compensation Recovery
GPO Box 2436
BRISBANE QLD 4001