



## Bank account details

**All fields in this section must be completed accurately and clearly to ensure payment is made to the correct account.**

All payments are made through electronic funds transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

### 5 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

## Privacy notice

### 6 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 to [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 7 I declare that:

- I have authority to represent the company in connection with the Medicare Compensation Recovery Program
- the information I have provided in this form is complete and correct.

#### I understand that:

- giving false or misleading information is a serious offence.

Compensation payer's full name

Compensation payer's signature

Date of signature (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**  
**[medicare.compensation.finance@servicesaustralia.gov.au](mailto:medicare.compensation.finance@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