



# COVID-19 Vaccine Claims Scheme – Cost calculation (M0065)

## When to use this form

Use this form to provide supporting evidence to a COVID-19 vaccine claims scheme application being made in your Medicare online account through myGov or the myGov app.

## Important information

This form includes a checklist to help you make sure that all information and supporting documents have been included with this form.

Failure to provide all relevant documents could delay finalising assessment of your application.

You will be required to provide evidence to support each cost being claimed.

Your responses must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

## For more information

Go to [servicesaustralia.gov.au/covid19vaccineclaims](https://servicesaustralia.gov.au/covid19vaccineclaims) or call **1800 653 809** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

We can translate documents you need for your claim for free. To speak to us in your language call **131 202**.

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

## 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](https://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.

## Patient's details (person who received the vaccine)

1 Medicare card number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref no. <input type="text"/>
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or

Individual Healthcare Identifier

8	0	0	3	6	0	<input type="text"/>					
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2 Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

<input type="text"/>							
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## Compensation

4 Has the patient claimed, or is there any intention to claim any other compensation in relation to the Harm being claimed in this application through any other means, for example workers compensation?

No

Yes  Give details below

<input type="text"/>
<input type="text"/>
<input type="text"/>



MCA0MO065 2506

## Returning this form

Return this form and any supporting documents by:

- email to **COVID19.vaccine.claims.scheme@servicesaustralia.gov.au**  
There may be risks with sending personal information through unsecured networks or email channels.
- post to  
Services Australia  
COVID-19 Vaccine Claims Scheme  
PO Box 1001  
TUGGERANONG ACT 2901

## Costs being claimed

### 5 Read this before completing the tables at questions 6 to 13.

For this claim to be eligible, the claim must include (past and/or future) costs for at least one of the following:

- lost earnings
- out of pocket expenses
- paid attendant care services
- gratuitous attendant care
- loss of capacity to provide domestic services

that equal or exceed \$1,000.

We need a statement from yourself confirming whether you have or are entitled to receive payment/s from any other third party payer for any of the claim categories listed above. If so, please provide evidence of this. If no third party payer exists, please provide a signed declaration to this effect.

The amounts being claimed should not include any amounts that are claimable for another third party, for example if you had a medical bill for \$100 and a private health fund subsidises \$40 the amount that can be claimed is \$60. This is regardless of if you have or have not claimed a subsidy. This also applies if you received the same income you normally would have from third parties such as sick leave from your employer.

For a breakdown of what costs are claimable and the evidence required refer to [servicesaustralia.gov.au/covid19vaccineclaims](https://servicesaustralia.gov.au/covid19vaccineclaims)

If you need more space for any of the costs being claimed, provide a separate sheet with details.

### Lost earnings

#### 6 Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **past lost earnings**?

No  **Go to 7**

Yes  Give details below

Amount claimed (Column E) should be past lost earnings per week (Column A) minus Amount paid by third party (Column B) multiplied by Number of weeks (Column D).

For example, if your weekly earnings was \$1,000 but instead you were paid \$400 under income protection or a Centrelink payment, you should enter \$1,000 in Column A, \$400 in column B, and \$600 in the amount claimed.

A	B	C						D	E
Past lost earnings per week	Amount paid or payable by third party, for example social welfare payments or employer sick leave per week	Date range covered*						Number of weeks	Amount claimed (Column A minus Column B) x Column D = Column E
		From (DD MM YYYY)			To (DD MM YYYY)				
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
<b>Total amount claimed for past lost earnings</b>									\$



Provide supporting documentation. For example, payslips.

You **must** provide evidence showing your earnings for the **month before** you were injured to the end of the date range covered. If your earnings are not a standard amount we will need evidence for the **3 month period before** you were injured to the end of the date range covered

Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for past lost earnings.

\* This date must align with the date your reporting practitioner entered in the **COVID-19 Vaccine Claims Scheme – Medical report (M0063)** form.

**7** Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **future lost earnings**?

No  **Go to 8**

Yes  Give details below

A Future lost earnings per week	B Amount paid or payable by third party, for example social welfare payments or employer sick leave per week	C Date range covered*						D Number of weeks	E Amount claimed (Column A minus Column B) x Column D = Column E
		From (DD MM YYYY)			To (DD MM YYYY)				
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
\$	\$								\$
<b>Total amount claimed for future lost earnings</b>									\$

 Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for future lost earnings.

\* This date must align with the date your reporting practitioner entered in the **COVID-19 Vaccine Claims Scheme – Medical report (M0063)** form.

**Out of pocket expenses**

**8** Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **past out of pocket expenses**?

No  **Go to 9**

Yes  Give details below

A Past out of pocket expenses	B Amount paid or payable by third party, for example Medicare benefits payable or private health insurance	C Invoice number	D Date of invoice (DD MM YYYY)			E Amount claimed Column A minus Column B = Column E
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
<b>Total amount claimed for past out of pocket expenses</b>						\$

 Provide supporting documentation. For example, invoices for each amount claimed.  
Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for out-of-pocket expenses.

**9** Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **future out of pocket expenses**?

No  **Go to 10**

Yes  Give details below

A Future out of pocket expenses	B Amount paid or payable by third party, for example Medicare benefits payable or private health insurance	C Date range						D Amount claimed Column A minus Column B = Column D
		From (DD MM YYYY)			To (DD MM YYYY)			
\$	\$							\$
\$	\$							\$
\$	\$							\$
\$	\$							\$
\$	\$							\$
\$	\$							\$
<b>Total amount claimed for future out of pocket expenses</b>								\$

 Provide supporting documentation. For example, treatment plans or quotes for future treatment of harm.  
Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for future out-of-pocket services.

**Paid attendant care services**

**10** Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **past paid attendant care services**?

No  **Go to 11**

Yes  Give details below

A Past paid attendant care services	B Amount paid or payable by third party, for example private health insurance	C Invoice number	D Date of invoice (DD MM YYYY)			E Amount claimed Column A minus Column B = Column E
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
\$	\$					\$
<b>Total amount claimed for past paid attendant care services</b>						\$

 Provide supporting documentation. For example, invoices for each amount claimed.  
Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for past paid attendant care services.

**11 Read** this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form.

Are you claiming **future paid attendant care services**?

No  **Go to 12**

Yes  Give details below

A	B	C	D	E	F
<b>Future paid attendant care services</b> per hour of care	Amount paid or payable by third party, for example private health insurance	Type of care service	Hours per week care required	Number of weeks of future care needed	Amount claimed (Column A minus Column B) x Column D = Column F
\$	\$				\$
\$	\$				\$
\$	\$				\$
\$	\$				\$
\$	\$				\$
\$	\$				\$
<b>Total amount claimed for future paid attendant care services</b>					\$



Provide supporting documentation. For example, quotes for each amount claimed.

Provide a completed statutory declaration to support your claim. The statutory declaration needs to confirm if you have not, have or are entitled to receive third party payments for future attendant care services.

## Gratuitous attendant care services

### 12 Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form. To be eligible to claim gratuitous attendant care services you must have been or are to be provided care services for at least 6 hours per week and for a period of at least 6 consecutive months.

The hours and weeks entered in the first column below needs to align with responses provided by the reporting practitioner in the **COVID-19 Vaccine Claims Scheme – Medical report (M0063)** form.

Are you claiming **gratuitous attendant care services**?

No  **Go to 13**

Yes  Give details below

A	B	C	D	E	F
<b>Gratuitous attendant care services</b> number of hours of care needed per week (cannot exceed 40 hours per week)	Hourly rate	Cost per week Column A x Column B = Column C (Maximum amount is \$1,737.10)	Number of weeks provided/required	Amount paid or payable by third party, for example private health insurance	Amount claimed (Column C x Column D) minus Column E = Column F
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
<b>Total amount claimed for gratuitous attendant care services</b>					\$



Provide a completed statutory declaration to support your claim. The statutory declaration needs to include:

- details of the Gratuitous attendant care services
- a summary of the Gratuitous attendant care services provided
- nature and duration of the care services, and
- confirmation you have received or are entitled to receive/or have not received third party payments for gratuitous attendant care services.

A statutory declaration form is available from

**[ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form](http://ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form)**

## Loss of capacity to provide domestic services to care recipients

### 13 Read this before answering the following question.

Your response must be supported by your Medical Practitioner in the **COVID-19 Vaccine Claim Scheme – Medical report (M0063)** form. To be eligible to claim loss of capacity to provide domestic services you provided the services to the care recipient(s) before the harm was suffered and would have continued to do this service for at least 6 hours per week and for a period of at least 6 consecutive months and the care recipient was not (or will not be) capable of performing the domestic services themselves by reason of their age or physical or mental incapacity.

Are you claiming **loss of capacity to provide domestic services to care recipients**?

- No  **Go to 14**  
 Yes  Give details below

A	B	C	D	E	F
Number of hours of domestic services no longer provided per week but there was/is a need for them to be provided for those hours	Hourly rate	Cost per week Column A x Column B = Column C	Number of weeks provided/required	Amount covered by third party, for example respite care	Amount claimed (Column C x Column D) minus Column E = Column F
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
	\$ 43.43	\$		\$	\$
<b>Total amount claimed for lost domestic services</b>					\$



Provide:

- a completed statutory declaration to support your claim. The statutory declaration needs to include:
  - details of the care recipient(s)
  - a summary of the domestic duties performed
  - there was a need for these duties to be performed for those periods and times and that the need is reasonable in all the circumstances
  - why the care recipient(s) couldn't perform them themselves, and
  - confirmation you have received or are entitled to receive/or have not received third party payments for loss of capacity to provide domestic services to care recipients.

A statutory declaration form is available from

**[ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form](http://ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form)**

- 1 primary document as proof of identity for the care recipient(s). Refer to question 49 for the list of primary documents.

### 14 Total amount claimed (Refer to totals in tables at question 6–13)

Total amount claimed for:	Amount claimed
• past lost earnings	\$
• future lost earnings	\$
• past out of pocket expenses	\$
• future out of pocket expenses	\$
• past paid attendant care services	\$
• future paid attendant care services	\$
• gratuitous attendant care services	\$
• lost capacity for domestic services	\$
<b>Total amount claimed</b>	\$



## Terms and conditions

If you choose not to submit the requested information in this form, or if you do not agree to the terms and conditions below, your claim under the Scheme will not be assessed.

### 19 I declare that:

- I have read the privacy notice on this page
- the information I have provided in this form is complete and correct
- all supporting documents attached are true copies of the original documents
- I have read and understand the COVID-19 Vaccine Claims Scheme policy.

### I understand that:

- a number of Australian Government agencies, other organisations and persons are involved in the administration of the Scheme, including Services Australia, the Commonwealth Department of Health (the Department) and their contractors (including members of the Independent Expert Panel and other medical and legal professionals)
- Services Australia or others involved in the assessment of claims may request additional evidence or information from someone other than myself, including my treating service provider(s), my employer(s) or any other relevant person
- I may be asked to provide more information or evidence in relation to my claim, within a specified timeframe. I understand that, if I fail to do so within that timeframe and without reasonable excuse:
  - my claim (or the part(s) of my claim) may be assessed in the absence of the requested information or evidence, or
  - if my claim cannot be assessed in the absence of that information or evidence, my claim (or the part(s) of my claim) may be suspended or rejected
- I must inform Services Australia of any changes to the information submitted within 14 days of any changes or if I become aware of any inaccuracy in the information submitted
- I should obtain professional or legal advice on the appropriate tax treatment of any payment I receive under the Scheme
- if I receive compensation under the Scheme, I will be required to repay to the Commonwealth any compensation, damages or similar, or other monetary amounts, recovered from a third party in respect of the injury or other harm suffered
- payments under the Scheme may affect other compensation payments I receive or have received. I should seek independent legal advice in respect of claiming under the Scheme if I have made a claim for compensation for the same or similar condition or injury under any other Commonwealth, State or Territory scheme
- identification documents I provide to Services Australia will be checked with the issuing authority to confirm validity. In providing these documents, I consent to the agency validating the documents with the issuing authority
- giving false or misleading information to the Commonwealth is a serious offence.

### I authorise:

- Services Australia, the Department (including the Therapeutic Good Administration) and their contractors (which includes the members of the Independent Expert Panel, as well as other medical and legal professionals) to collect, use and disclose:
    - any information they currently hold about me and which they may collect in the future which is relevant to assessing my claim, including my Australian Immunisation Register, Medicare and Centrelink, Pharmaceutical Benefits Scheme (PBS) and income information
    - all information about me that is provided or collected as part of my claim, or
    - information that is otherwise relevant to my claim, from and to:
      - each other
      - the Australian Taxation Office
      - the Australian Government Actuary
      - other Australian Government agencies
      - other non-government organisations and persons, including my treating health practitioner(s) and other health practitioner(s) (for example, a medical officer providing an independent opinion)
      - any medical indemnity insurer
      - any workers' compensation insurer, and
      - other insurers
- for the purposes of assessing or otherwise dealing with my claim. This includes information relating to:
- the COVID-19 vaccine received
  - the injury or other harm suffered
  - any treatment received
  - amounts claimed under the Scheme
  - any amount paid by a third party in respect of the injury or other harm suffered, and
  - my income
- other organisations and persons to disclose information about me to Services Australia, the Department, their contractors, any other Australian Government agency, and any other organisation or person which is relevant to or is required to assess my claim
  - Services Australia or the Department to disclose information about me to the Australian Health Practitioner Regulation Agency where it is appropriate to do so.

Claimant's signature



Date (DD MM YYYY)

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