

13 Ancillary claim details

Member's first given name	Services provided by	Account paid?
		No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>

Checklist

14 Which of the following forms and documents are you providing with this form?

Where you are asked to supply documents, provide original documents.

If you are not sure, check the question to see if you should provide the documents.

Medicare claim (MS014) form (if you answered Yes at question 7)	<input type="checkbox"/>
Original accounts (if you answered Yes at question 12)	<input type="checkbox"/>
Receipts (if account paid) (if you answered Yes at question 12)	<input type="checkbox"/>

Privacy notice

15 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 and manage your applications and payments, and provide services to you. 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

Declaration

16 I declare that:

- I have paid for, or am liable to pay, the expenses for these services
- there is no entitlement to claim compensation or damages from any other source
- the services were not for the purpose of health screening, superannuation entry or a health examination requested by an employer
- the information I have provided in this form is complete and correct.

I authorise:

- my private health insurer to contact the provider of any professional service for clarification of any details in this claim
- Services Australia to forward my Medicare statement of benefit for in-hospital services associated with the attached **Medicare claim (MS014)** form electronically or manually to my private health insurer.

I understand that:

- giving false or misleading information is a serious offence.

Private health insurance member's signature

Date (DD MM YYYY)

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Returning this form

Return this form and any supporting documents:

- **online (only for in-hospital services)**
Log into your Medicare online account through myGov or the myGov app. Select **Make a Medicare claim** and start the claim.
Upload an image of your original accounts and receipts if paid.
Upload an image of the completed Medicare Two-way form.
Submit your claim.
- in person at one of our service centres
- to your private health insurer
- by post to
Services Australia
Medicare
GPO Box 9822
In your capital city