Australian Government
Services Australia

medicare

Claim for External Breast Prostheses Reimbursement Program (NH005)

When to use this form

Use this form if you have paid for a new or replacement external breast prosthesis **since 1 July 2008**.

External Breast Prostheses Reimbursement Program

You can claim a reimbursement of up to $400 for a prosthesis or up to $800 if you need a prosthesis for both breasts following a double mastectomy. The payment may cover an external prosthesis or an external swimming prosthesis for people who have had breast surgery due to cancer. This includes:

- double mastectomies
- prophylactic mastectomies - preventative surgery
- partial mastectomies
- lumpectomies.

Who can claim

You can claim if you:

- are enrolled in Medicare
- have had breast surgery due to cancer
- have not bought a prosthesis and claimed under this program in the past 2 years.

If you get financial help from the Department of Veterans' Affairs (DVA), claim your entitlement through DVA.

If a person bought a prosthesis before passing away, a claim can be lodged by the executor or administrator of the estate. Documents identifying the person as the executor or administrator must be provided to us with this claim (if not previously provided).

How often you can claim

You can only get one payment for each prosthesis every 2 years. We use the date on your receipt to check if 2 years has passed since you last got the payment.

If it has been less than 2 years since you bought a prosthesis, you can only claim for a replacement if it is for a medical reason. The claim must include a letter from your doctor or other health professional explaining the medical reason why you need a new prosthesis.

You cannot claim a replacement prosthesis, bought less than 2 years after your last purchase, for:

- wrong choice
- wrong fit
- change of mind
- changes in the quality of the prosthesis because of everyday use
- fault or damage.

If any of these apply, contact your prosthesis supplier.

Before you claim

You will need to buy the prosthesis before you can claim a payment from us. If you:

- have private health insurance, you need to make a claim through them before you claim a payment from us
- get a Centrelink payment, check if you are eligible to get an advance payment to help you pay for the prosthesis.

For more information, go to **servicesaustralia.gov.au/advancepayments**

How much you can get back

The total amount we reimburse depends on your claim and any private health insurance payments or refunds from other sources. This is up to the $400 limit for each prosthesis. We use the details in your claim to work out how much you get.

Examples of how much we pay

If you buy one prosthesis that costs you $130, we will reimburse you the full $130.

If you had a double mastectomy and you buy 2 prostheses for $800, we will pay you back the full $800.

If you buy a prosthesis for $500 and get a $200 refund from your private health insurer, we will pay you $200. This is the difference between the $400 limit and your refund amount.

What you cannot claim

Bras or other products such as breast prostheses covers, nipple inserts, post surgery swimwear, internal breast prosthesis or reconstructive surgery.

How we will pay you

All reimbursements are made by electronic funds transfer (EFT) to your nominated bank account. We will send a statement to your nominated postal address showing the amount paid into your bank account.

We process most claims within 10 business days.

For more information

Go to **servicesaustralia.gov.au/ebprp** or call us on 132 011.

Information in your language

We can translate documents you need for your claim for free.

To speak to us in your language, call 132 011.

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 'accessibility'.

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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.
- Print in English.
- Where you see a box like this ☐ ***Go to 1*** skip to the question number shown.

Private health insurance

1 Do you have private health insurance?

No ☐ ***Go to 3***

Yes ☐ You need to claim any refund you are eligible for from your private health fund **before** you claim a reimbursement from us.

2 How much did you receive from your private health fund or other financial help for the prosthesis(es) you are claiming?

Private health fund	$
Other	$

The amount of your reimbursement will be reduced by the amount refunded or financial help already received.

Claimant's details – the person who received the prosthesis(es)

3 Medicare card number

Ref no.

4 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

5 Postal address

Postcode

6 Do you want this recorded as your permanent postal address?

No ☐

Yes ☐

If you are listed on a Medicare card with others and you do not want the address change applied to everyone on your Medicare card, contact us to transfer to a new card.

7 Daytime phone number (including area code)

Email

8 Prosthesis - **Tick all that apply**

Left breast ☐

Right breast ☐

Bank account details

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

If you would like to update your bank details for all future Medicare payments, you can use your Medicare online account through myGov.

Where do you want your payment for this claim made?

Current bank account stored with Medicare ☐ ***Go to 10***

New bank account ☐ Give details below

Details provided will be recorded as your permanent bank account for all future Medicare payments.

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

Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.

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

MCA0NH005 2607

Executor or administrator details

Only complete question 10 and 11 if you are the executor or administrator of an estate where the claimant is deceased.

10 Full name of executor or administrator

11 Contact phone number (including area code)

Privacy notice

12 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

13 **I declare that**:

- I have read the information on page 1 of this form
- I have had breast surgery as a result of cancer
- the amount claimed has been paid
- I have claimed through my private health insurance (if applicable)
- I am not eligible to claim financial help from the Department of Veterans' Affairs for the purchase
- I am the executor or administrator acting on behalf of the deceased claimant's estate (if applicable). I have provided Services Australia (previously or with this claim) with the appropriate documentation identifying me as such
- I have read, understand and agree to the **Privacy notice**
- the information I have provided in this form is complete and correct.

I understand that:

- I am claiming a reimbursement for the purchase of external breast prostheses
- giving false or misleading information is a serious offence.

Claimant's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

Check that all required questions are answered and the form is signed and dated. Provide a copy of your receipt(s) with your claim, including a description of each purchase.

Return this form and any supporting documents by:

- **post** to
  Services Australia
  External Breast Prostheses Reimbursement Program
  GPO Box 9822
  In your capital city
- email to **ebpr@servicesaustralia.gov.au**
  There may be risks with sending personal information through unsecured networks or email channels.
- in person at one of our service centres.

Reset form