



medicare

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.

Under section 23 of the *Health and Other Services (Compensation) Act 1995*, this notice **must** be sent to Services Australia **within 28 days** of the judgment or settlement date.

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

The notifiable person is the compensation payer.

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 *Health and Other Services (Compensation) Act 1995*.

Under Section 33B the notifiable person may make an advance payment if:

- a Notice of Past Benefits has **not** been issued by Services Australia in the 6 months prior to the date judgment or settlement was made, **and**
- the total amount of compensation awarded (including all costs) under the judgment or settlement is fixed at **more than \$5,000**, **and**
- they have advised Services Australia (in the form of this request) that they intend to make an advance payment, **and**
- they have advised the injured person (or claimant), in writing, that they intend to make an advance payment.

An advance payment **must** be:

- **10%** of the total compensation awarded (including costs)
- paid to Services Australia **within 28 days** after judgment or settlement was made.

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

Advance payment – reconciliation

Where the advance payment is more than the amount owing, the excess amount will be refunded.

Where the advance payment is 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.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return the completed form and any required documentation:

- **by email to:**
compensation.recovery@servicesaustralia.gov.au
Include your Medicare compensation reference number or Medicare card number in the subject field.
There may be risks with sending personal information through unsecured networks or email channels.
- **by fax to: 07 3004 5406**
- **by post to:**
Services Australia
Medicare Compensation Recovery
PO Box 2436
BRISBANE QLD 4001

For more information

Go to **servicesaustralia.gov.au/medicarecompensationrecovery** or email **compensation.recovery@servicesaustralia.gov.au** or call **132 127** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

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

Filling in this form

You can fill and sign this form digitally. You can do this by downloading it on your computer or a device that has Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader you can print it and sign it by hand.

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.

- 1** If this compensation case has been registered with Services Australia, provide the Medicare compensation case reference number

- 2** Is the amount of judgment or settlement more than \$5,000?

No



You are **not required to complete this form** or notify us of this case.

Yes

- 3** Does the injured person have a Medicare card?

No

Yes **Go to 5**

- 4** Has the injured person received any nursing home benefits, residential care or home care subsidies relating to this claim?

No



As the injured person has no Medicare card and has not received any care costs in relation to this claim, you are **not required to complete this form** or notify us of this case.

Yes **Go to 6**

Injured person's details

- 5** Medicare card number

Ref no.

- 6** Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 7** Date of birth

- 8** Postal address

 Postcode

- 9** Daytime phone number

Mobile phone number

Email

Claim details

- 10** Date of injury or illness

- 11** Brief description of the injury or illness

- 12** Type of compensation being claimed:

Tick one only

Workers' compensation

Employer's name

Employer's phone number

Motor vehicle accident

Transport Accident

Commission

Common law

Public liability

Other Give details below

- 13** Is the claim being made on behalf of a person who:

- is under 14 years of age, or
- does not have the capacity to act on their own behalf?

No **Go to 17**


Yes Give details of the person claiming, for example, parent, guardian or executor.



If this claim is being made on behalf of someone **14 years of age or over**, provide supporting documentation, for example:


- Power of Attorney or Court order
- a completed **Medicare Compensation Recovery Third party authority (M0021)** form.

Judgment or settlement details




- 37** Has the amount of compensation been fixed under:
judgment settlement
- 38** Date of judgment or settlement
 / /
- 39** Is there a date the notifiable person is required to pay the amount of compensation under judgment or settlement?
No
Yes Date
 / /
- 40** Total amount of compensation including all legal costs
\$
- 41** Was the amount of compensation fixed on the basis that liability for the injury would be apportioned between the parties due to contributory negligence?
No **Go to 43**
Yes Total amount of compensation fixed **after** any apportionment
\$
- 42** What is the percentage of the apportionment attributed to the injured person?
 %
-  Provide terms of settlement, deed of release or judgment document confirming how apportionment was determined.

Compensation details

- 43** Does the amount of compensation fixed (in whole or in part) redeem liability for periodic payments?
No
Yes
- 44** Were the past expenses fixed under judgment?
No
Yes Amount of **past** medical expenses awarded
\$
Amount of **past** nursing home, residential care or home care expenses awarded
\$

- 45** Were future costs awarded?
No
Yes Amount of **future** medical costs awarded
\$
Amount of **future** nursing home, residential care or home care costs awarded
\$
-  Provide terms of settlement, deed of release or judgment document confirming the above amounts.

Payment options

- 46** Has a Notice of Past Benefits been issued?
No
Yes **Go to 48**
- 47** Did the injured person receive any Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this case?
No  Provide an appropriately completed **Medicare Compensation Recovery – Section 23A Statement (M0023)** form.
▶ **Go to 50**
Yes **Go to 50**
- 48** 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.
▶ **Go to 52**
- 49** Did the injured person receive any further Medicare benefits, nursing home benefits, residential care or home care subsidies relating to this case other than those specified in the expired Notice of Past Benefits?
No  Provide an appropriately completed **Medicare Compensation Recovery – Section 23A Statement (M0023)** form.
Yes
- 50** Do you intend to make an advance payment in respect of this compensation?
No **Go to 52**
Yes Amount to be paid to Services Australia (10% of the total amount of compensation fixed)
\$
- 51** Have you notified the injured person that you intend to make an advance payment?
No This will not be considered an advance payment.
Yes  Provide a copy of the letter to claimant.

Payment details

52 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 payments for individual or multiple claimants, clearly identify each individual case.

Email **all** remittance advices to **medicare.compensation.finance@servicesaustralia.gov.au**

If you do not have or know your allocated unique account number, you may request one by emailing to the same address.

Refunds

53 In some circumstances, a refund may be payable where the amount received by Services Australia exceeds the actual debt due to the Commonwealth. Should a refund **not** be payable to the injured person, indicate who is authorised to receive the refund:

Injured person's authorised representative

Injured person's solicitor

Public Trustee

Notifiable person

Notifiable person's solicitor

Other Give details
For example,
Estate of

You **may** be required to provide supporting documentation confirming who is authorised to receive any such refund.

Bank account details of the authorised refund recipient

The bank account details are to be those of the authorised recipient of a refund as indicated in question 53.

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

Payments cannot be made to a person under 14 years of age.

54 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

55 Your personal information, and the personal information of others that you provide, is protected by law, including the *Privacy Act 1988*.

Services Australia collects this personal information for the purposes of administering the *Health and Other Services (Compensation) Act 1995*. Services Australia may collect personal information about the injured person from the injured person's authorised third party and/or solicitor, and from the notifiable person or compensation payer that is dealing with the injured person's compensation claim.

Services Australia may disclose the injured person's personal and sensitive information to the authorised third party, solicitor and the relevant notifiable person or compensation payer. Information that may be disclosed includes information contained in a completed History Statement, Notice of Past Benefits and Notice of Charge, as well as information about relevant events relating to the injured person's compensation claim. In addition, Services Australia may disclose the injured person's personal and sensitive information to the Department of Health for the purposes of determining the injured person's eligibility for payments and services under the *Aged Care Act 1997*.

Your information may be used by Services Australia or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy

Declaration

56 I declare that:

- I have provided any required supporting documentation.
- 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