

# Medicare Compensation Recovery Bank account details collection (M0024)

## When to use this form

This form is to be completed by the injured person or claimant (such as a legal representative) for a compensation recovery case. It is to be completed if you want the Australian Government Department of Human Services to store your bank account details for the purpose of returning compensation recovery funds to you.

The bank account details provided in this form will be held for the Medicare Compensation Recovery case only. Any changes to your bank account details held for Medicare purposes will not be automatically updated for this case.

Human Services must be notified immediately of any changes to your bank account details by completing a new **Medicare Compensation Recovery Bank account details collection** form (M0024).

## Definitions

**Injured person** is the person in respect of whose injury or illness the compensation may be paid.

**Claimant** is the person seeking compensation either on his or her own behalf or on behalf of another person.

**Legal representative** is the person who has been appointed by law to act on the injured person's behalf (such as an executor, court order, Power of Attorney).

## Privacy notice

Your personal information, and the personal information of others that you provide, is protected by law, including the *Privacy Act 1988*. The Australian Government Department of Human Services collects this personal information for the purposes of administering the *Health and Other Services (Compensation) Act 1995*.

Human Services may collect personal information about the injured person from the injured person's and/or claimant's authorised third party and from the relevant notifiable person or compensation payer.

Human Services may disclose the injured person's personal and sensitive information to the claimant, authorised third party and the relevant notifiable person or compensation payer. Information that may be disclosed includes information contained in a Medicare 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, Human Services 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 also be used by Human Services 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 Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from Human Services.

## For more information

Go to [humanservices.gov.au/medicarecompensationrecovery](http://humanservices.gov.au/medicarecompensationrecovery) or email [compensation.recovery@humanservices.gov.au](mailto:compensation.recovery@humanservices.gov.au) or call **132 127**.

**Note:** Call charges may apply.

## Returning your form

Check that all required questions are answered and that the form is signed and dated. Answering all questions may not be required, however where required information is incomplete, it may cause processing delays.

Return the completed form and any supporting documents by:

- **email to** [compensation.recovery@humanservices.gov.au](mailto:compensation.recovery@humanservices.gov.au)  
**Note:** There may be risks associated with sending personal information through unsecured networks or email channels.
- **fax to** **07 3004 5406**
- **post to** **Department of Human Services  
Medicare Compensation Recovery  
GPO Box 2436  
BRISBANE QLD 4001**

## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Medicare compensation case reference number

- 1 Provide the Medicare compensation case reference number (if known)

## Injured person's details

- 2 Is the injured person listed on a Medicare card?

No

Yes  Provide Medicare card number Ref no.

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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- 3 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

- 4 Date of birth

 /  / 

- 5 Postal address

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

- 6 Daytime phone number

 (  ) 

Mobile phone number

## 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.



**Important:** if the injured person **does not have the capacity to act on their own behalf or is deceased**, provide supporting documentation confirming who is authorised to receive the refund (Power of Attorney, court order, Last Will and Testament, probate).

- 7 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

## Declaration

- 8 I declare that:

- I have read the Privacy notice on page 1.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Injured person's or claimant's full name

Injured person's or claimant's signature

Date

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