

Medicare Compensation Recovery Compensation payer's Electronic Funds Transfer details collection (M0025)

When to use this form

Complete this form if you are the compensation payer and would like Services Australia to store your bank account details for the purpose of making future compensation recovery refunds to you that do not meet the requirements of the *Health and Other Services (Compensation) Act 1995*. The bank account details provided in this form will be held for the Medicare Compensation Recovery case only.

Services Australia must be notified immediately of any changes to your bank account details by completing a new **Medicare Compensation Recovery Compensation payer's Electronic Funds Transfer details collection (M0025)** form.

Definition

Compensation payer is the person who is liable to make a payment of compensation and can include a notifiable person or insurer.

For more information

Go to servicesaustralia.gov.au/medicarecompensationrecovery or email medicare.compensation.finance@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.

Compensation payer's details

1 Compensation payer's business name

2 Postal address

 Postcode

3 Contact person's full name

4 Daytime 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.

5 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

- 6** 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 and/or claimant's authorised third party and from the relevant notifiable person or compensation payer.

Services Australia 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, 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 also 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

7 I declare that:

- the information I have provided in this form is complete and correct.
- I have authority to represent the company in connection with the Medicare Compensation Recovery Program.

I understand that:

- giving false or misleading information is a serious offence.

Compensation payer's full name

Compensation payer's signature



Date

Returning this form

Check that all questions are answered and that the form is signed and dated. Where required information is incomplete, it may cause processing delays.

Return the completed form and any supporting documents:

- **by email to:**
medicare.compensation.finance@servicesaustralia.gov.au
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
GPO Box 2436
BRISBANE QLD 4001