

**medicare**

# Medicare Compensation Recovery Medicare history statement request (M0026)

## When to use this form

This form is to be completed by either the:

- injured person or claimant (such as a legal representative)
- injured person's or claimant's authorised third party
- compensation payer.

This form is the first step in requesting a notice of past benefits under section 21 of the *Health and Other Services (Compensation) Act 1995*.

When this form is submitted, a Medicare history statement will be issued to the injured person (or claimant) for completion before a notice of past benefits can be issued.

If you have a valid notice of past benefits and require a new notice of past benefits, you must provide details of extenuating circumstances, by contacting Services Australia.

## Definitions

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

**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).

**Authorised third party** is either an organisation (such as a solicitor) or an individual (such as a friend or relative) who is authorised, via a **Medicare Compensation Recovery Third party authority (M0021)** form, to act on behalf of the injured person or claimant.

**Notifiable person** is the person against who the claim is made.

**Bulk Payment Agreement** is an agreement that a notifiable person pays a specified amount to the Commonwealth in relation to a claim for compensation.

## For more information

Go to [servicesaustralia.gov.au/medicarecompensationrecovery](https://servicesaustralia.gov.au/medicarecompensationrecovery) or email [compensation.recovery@servicesaustralia.gov.au](mailto: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.

## Medicare compensation case reference number

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

- 2** Has a reimbursement arrangement been made?

No

Yes



Do not complete this form. Refer to **Medicare Compensation Recovery Notice of reimbursement arrangement (M0027)** form.

- 3** Does this request relate to a compensation claim under a Bulk Payment Agreement? If not sure, contact the notifiable person.

No

Yes



Do not complete this form. A completed Medicare history statement is not required as a notice of past benefits will not be issued. Please contact the notifiable person for the Bulk Payment Agreement.

- 4** Is the injured person listed on a Medicare card?

No  **Go to next question**

Yes  **Go to 6**

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

No



As the injured person is not listed on a 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 7**





## Privacy notice

**25** 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 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](https://servicesaustralia.gov.au/privacy)

## Declaration

**26 I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

Full name

Title (injured person, claimant, injured person's or claimant's authorised third party or compensation payer.)

Signature

Date

## Returning this 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@servicesaustralia.gov.au](mailto:compensation.recovery@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