Australian Government
Services Australia

medicare

Authorisation to act on an incapacitated person's behalf for Medicare purposes (MO050)

When to use this form

Use this form if you want to act on behalf of someone who is incapacitated and requires assistance with their Medicare services because of a medical condition.

Important information

To obtain authority to act on behalf of another person for Medicare purposes, you must be 18 years of age or over and be a close friend or relative to the customer who requires assistance because of a medical condition. You must not be a paid carer from an organisation, institution or community health service.

Do not complete this form if a power of attorney, guardianship order, administrative order or similar legal arrangement is in place.
If you have one of these and it is not registered with Medicare, you need to provide it. For more information, go to **servicesaustralia.gov.au/nominees**

You will be notified about the outcome of this application.

To be an authorised representative, you need to provide all of the following

All 4 document types listed below **must** be provided.

1 **Proof of your identification**
- Australian Drivers licence
- Australian or foreign Passport
- Australian Birth Certificate or marriage certificate
- Immicard
- birth certificates for Northern Territory (NT) with Aboriginal Population Record (APR).

2 **Statutory declaration**
- Statutory declaration stating your relationship and your responsibility to the customer.

3 **Evidence of a similar arrangement**

This can include **1** of the following:
- evidence of authorised representative appointment to receive Continence Aids Payment Scheme payments on the person's behalf, or
- evidence of Centrelink nominee arrangement, or
- evidence of similar arrangements with another organisation or government agency (for example, bank or financial institution), or
- evidence of NDIS nominee arrangement.

4 **Evidence of customer's medical condition**

This can include **1** of the following documents (which must include the treating medical professional's name, qualification, provider number and contact details) and **must be dated within the last month**:
- specialist report, or
- any recent assessment of the customer's condition or intellectual function from the specialist or psychologist, or
- a letter from the treating doctor.

Where medical assessment indicates that the customer requires assistance with their Medicare services is likely to be temporary, the specialist report needs to include an end date.

For more information

For more information about Medicare enrolments, go to **servicesaustralia.gov.au/enrolmedicare** or call **132 011** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

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 customer's details

1 Medicare card number

Ref no.

2 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

3 Gender Male ☐ Female ☐

4 Date of birth (DD MM YYYY)

5 Permanent address

Postcode

6 Postal address (if different to above)

Postcode

MCA0MO050 2205

Authorised representative's details (you)

7 Medicare card number (if known)

Ref no.

8 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

9 Date of birth (DD MM YYYY)

10 What is your relationship to the Medicare customer?

11 Permanent address

Postcode

12 Postal address (if different to above)

Postcode

13 Contact phone number (including area code)

Privacy notice

14 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information so we can process and manage your applications and payments, and provide services to you. Services Australia only shares 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/privacy**

Authorised representative acceptance

15 **I agree to**:

- access, use or disclose the information only as authorised by the person to whom the information relates.

I declare that:

- I have read and understood the Privacy notice.
- I am aware of my legal obligation to provide true and accurate information.
- I am not in receipt of a carers payment for this customer.
- the information I have provided in this form is complete and correct.

I consent to:

- the agency validating identity documents I provide with the issuing agency.

I understand that:

- it is my responsibility to act on behalf of and in the best interests of the customer.
- my appointment as an authorised representative by Services Australia will be cancelled if I do not comply with my responsibilities and obligations.
- I must notify Medicare of any change(s) to this information.
- identification documents provided to Services Australia will be checked with the issuing agency to confirm validity. The documents are subject to agency compliance and audit processes.
- an authorised representative arrangement does not remove the person's right to deal with Medicare.
- any personal information I am given access to under this arrangement is protected under Commonwealth legislation.
- as an authorised representative, general information can be sent to me if required.
- this authorisation can be cancelled or changed at any time.
- giving false or misleading information is a serious offence.

Declaration of the authorised representative applying to act on behalf of the customer

Authorised representative's full name

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents by:

- **email** to **MES@servicesaustralia.gov.au**
  There may be risks with sending personal information through unsecured networks or email channels.
  To help us process your request, include **Authorised Representative** in the email subject line.
- **post** to
  Services Australia
  Medicare
  PO Box 7856
  CANBERRA ACT 2610

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