



Australian Government  
Medicare Australia



### Request for a Notice of Past Benefits

See Section 21 of the *Health and Other Services (Compensation) Act 1995*

Our Reference

#### Part A—Compensation payer's details

Compensation payer's reference

Name

Postal address

State  Postcode

Phone  Fax

Email

Does this case involve more than one compensation payer?

No  Yes  Names of the other compensation payers

#### Part B—Injured person's details

Family name

Given names

Postal address

Postcode

Phone

Date of birth

Is this person an overseas visitor? No  Yes

Medicare number

Is the claim being made on behalf of a person who is:

- under 14 years of age, or
- physically or mentally incapacitated?

No  Yes  Give details of the person claiming (e.g. parent, executor)

Family name

Given names

Postal address

State  Postcode

Phone

#### Part C—Solicitor's details (of injured person)

Solicitor's reference

Name of firm

Postal address

State  Postcode

Phone  Fax

Email

#### Part D—Claim details

Date of injury

Type of compensation

Workers  MVA  TAC  Common  Public

Brief description of the injury

#### Privacy Note

The details on this form will be used by Medicare Australia to register a claimant, process the claim and determine the amount (if any) owing to the Australian Government in accordance with the *Health and Other Services (Compensation) Act 1995*. Collection is authorised by the Act and may, by law, be disclosed to the Department of Health and Ageing, Australian Taxation Office and Centrelink.