Australian Government
Services Australia

medicare

Disaster Health Care Assistance Scheme claim (MS035)

When to use this form

Use this form if you are claiming out-of-pocket health care expenses associated with one of the following adverse events:

- **2002 Bali** – Bombings in Bali on 12 October 2002
- **2004 Tsunami** – Indian Ocean tsunami on 26 December 2004
- **2005 London** – Bombings in London on 7 July 2005
- **2005 Bali** – Bombings in Bali on 1 October 2005
- **2006 Dahab, Egypt** – Bombing in Dahab, Egypt on 24 April 2006.

Important information

To claim for assistance, you must:

- be registered with the Disaster Health Care Assistance Scheme (the scheme)
- provide medical evidence from a relevant medical practitioner that the goods and/or services are for treatment of an injury or injuries resulting from an eligible adverse event, **and**
- have already claimed from Medicare, other state or territory government schemes and private travel or health insurance funds.

If you want to claim for assistance with costs relating to travel expenses, you need to complete the **Disaster Health Care Assistance Scheme Motor Vehicle and/or Accommodation Out-of-Pocket Travel Application (MS042)** form.
To get a copy of this form:

- go to **servicesaustralia.gov.au/forms**
- email **disasterhealthcare@servicesaustralia.gov.au** or
- call 1800 660 026.

There may be risks with sending personal information through unsecured networks or email channels.

For more information

Go to **servicesaustralia.gov.au/disasterhealthcare** or call **1800 660 026** Monday to Friday, between 7.30 am and 5.00 pm, Australian Western Standard Time.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete 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.

Services covered

1 What eligible adverse event are you registered under?

2002 Bali – Bombings in Bali on 12 October 2002 ☐

2004 Tsunami – Indian Ocean tsunami on 26 December 2004 ☐

2005 London – Bombings in London on 7 July 2005 ☐

2005 Bali – Bombings in Bali on 1 October 2005 ☐

2006 Dahab, Egypt – Bombing in Dahab, Egypt on 24 April 2006 ☐

2 Have you provided Services Australia with medical evidence that states the goods and/or services detailed in this claim are for an injury or injuries caused by the adverse event selected in Question 1?

No ☐

Make sure you provide evidence from a relevant medical practitioner that the goods and/or services detailed in this claim are for an injury or injuries caused by an adverse event listed in question 1. If you are not sure, call us on **1800 660 026** to discuss.

Yes ☐

MCA0MS035 2406

Registered person's details

3 Registered person's Medicare card number

Ref no.

4 Registered person's name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

5 Registered person's postal address

Postcode

6 Registered person's preferred contact phone number (including area code)

7 Registered person's email

Claim details

8 Out-of-pocket costs are paid for some or all of the following services related to the injury or injuries caused by the adverse event.

Indicate the type of goods and services that were received

Tick all that apply

Hospital ☐ Allied ☐

Pharmaceutical ☐ Medical ☐

9 Provide details of the goods and/or services being claimed as well as evidence from your provider that your claim(s) relate to an injury or injuries caused by the adverse event.

Goods or service 1

Date of service (DD MM YYYY)

Description of goods or service

Service provided by (for example, Dr A P Jones)

Total cost $

Costs paid for in full? No ☐ Yes ☐

Receipt or invoice provided? No ☐ Yes ☐

Goods or service 2

Date of service (DD MM YYYY)

Description of goods or service

Service provided by (for example, Dr A P Jones)

Total cost $

Costs paid for in full? No ☐ Yes ☐

Receipt or invoice provided? No ☐ Yes ☐

Goods or service 3

Date of service (DD MM YYYY)

Description of goods or service

Service provided by (for example, Dr A P Jones)

Total cost $

Costs paid for in full? No ☐ Yes ☐

Receipt or invoice provided? No ☐ Yes ☐

If you need more space, provide a separate sheet with details.

Provide all receipts or invoices for the listed goods and/or services.

Private health fund details

For benefits to be paid, make sure you claim from your private health fund or other insurance fund before making this claim. You will need to provide accounts for any assistance you have received from these funds with your claim.

10 Are you a member of a private health fund?

No ☐ ***Go to 15***

Yes ☐

11 Name of your private health fund

12 Membership number

13 Type of cover

Hospital ☐ Ancillary ☐ Both ☐

14 Have you already claimed these goods and/or services from your fund?

No ☐ ***Go to 16***

Yes ☐ Provide all receipts, invoices or statements for those claims.

15 How much have you already been reimbursed for these goods and/or services?

Reimbursement 1

Date of service (DD MM YYYY)

Description of goods or service

Benefits paid $

Receipt, invoice or statement provided? No ☐ Yes ☐

Reimbursement 2

Date of service (DD MM YYYY)

Description of goods or service

Benefits paid $

Receipt, invoice or statement provided? No ☐ Yes ☐

Reimbursement 3

Date of service (DD MM YYYY)

Description of goods or service

Benefits paid $

Receipt, invoice or statement provided? No ☐ Yes ☐

If you need more space, provide a separate sheet with details.

Provide all receipts and invoices from your private health fund or other insurance fund.

16 Are any expenses recoverable through any other type of insurance (for example, travel insurance)?

No ☐ ***Go to 20***

Yes ☐

17 Name of company where policy is held

18 Policy number

19 How much has been reimbursed from this insurance fund?

$

Provide all receipts and invoices for those claims.

20 Have you tried claiming assistance for these goods and/or services from any state or territory government or other disaster assistance schemes?

No ☐ You will need to make sure you have claimed from any state or territory government or other disaster assistance schemes for these goods and/or services before submitting this claim. You will also need to provide proof of evidence of claims for these schemes. If you are not sure, call us on **1800 660 026** to discuss.

Yes ☐ Provide all receipts, invoices, statements and any letters received from your state or territory government or other disaster assistance scheme.

Payment details

Payments will be addressed to the person or provider named in this question.

21 Payment for this claim is to be made to the:

Tick one only

Provider of goods and/or services ☐

Registered person ☐ ***Go to 23***

22 Provider's details

Provider's name

Provider's postal address

Postcode

Bank account details of person to be paid

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.

23 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

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

Claimant's declaration

(The person who received the goods and/or services)

25 I hereby claim payment for out-of-pocket expenses incurred as a result of an adverse event covered by the Disaster Health Care Assistance Scheme.

I authorise:

- Services Australia to contact the provider of the goods and/or services and/or the originator of any documentation if clarification of details on accounts, receipts and/or statements is required for payment purposes.
- Services Australia to obtain personal information from other agencies and organisations for the purpose of assessing registration and claims.

I consent to:

- Services Australia using my Medicare card number to validate appropriate payments.
- Services Australia checking Medicare payments, Pharmaceutical Benefits Scheme payments and private hospital payments, **or**
- Services Australia undertaking verification related to any other benefit program or assistance provided by the Australian, state or territory governments or by any other non-government organisation, including private health and travel insurers, to which the Disaster Health Care Assistance Scheme may be directly related.

I declare that:

- I am registered and eligible to receive assistance under the Disaster Health Care Assistance Scheme.
- I am the recipient of the goods and/or services being claimed.
- the goods and/or services being claimed are to treat an injury or injuries caused by one or more adverse events covered by the Disaster Health Care Assistance Scheme.
- all other entitlements and benefits (both government and insurance) have been claimed where possible.
- all out-of-pocket expenses claimed by me relate to goods and/or services for which I am entitled to claim payment under the Disaster Health Care Assistance Scheme.
- the information I have provided in this form is complete and correct.

I understand that:

- benefits are provided under the Disaster Health Care Assistance Scheme as a result of information that I have provided.
- giving false or misleading information may result in Services Australia recovering benefits provided by the Disaster Health Care Assistance Scheme.

Claimant's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Provider's declaration

(Complete this section if the provider is the person receiving the payment.)

26 I hereby claim payment for out-of-pocket expenses incurred as a result of providing goods and/or services to treat the injury or injuries of a registered person who was injured as a result of an adverse event covered by the Disaster Health Care Assistance Scheme.

I authorise:

- Services Australia to contact me about the goods and/or services and/or the originator of any documentation if clarification of details on accounts, receipts and/or statements is required for payment purposes.

I declare that:

- I have provided goods and/or services to a registered person eligible to receive assistance under the Disaster Health Care Assistance Scheme.
- the goods and/or services are treating an injury or injuries caused by an adverse event covered by the Disaster Health Care Assistance Scheme.
- all other entitlements and benefits (both government and insurance) have been claimed where possible.
- all of out-of-pocket expenses claimed by me relate to goods and/or services for which I am entitled to claim payment under the Disaster Health Care Assistance Scheme.
- the information I have provided in this form is complete and correct.

I understand that:

- benefits are provided under the Disaster Health Care Assistance Scheme as a result of information that I have provided.
- giving false or misleading information may result in Services Australia recovering benefits provided by the Disaster Health Care Assistance Scheme.

Provider's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Services Australia will keep all documents used to support this claim.

Reset form

Returning this form

Check that you have answered all the questions you need to answer and that you have signed and dated this form. Return this form and any supporting documents by:

- **email** together with copies of any Medicare claim documents, claimant accounts, receipts, travel or private health insurance documentation to **disasterhealthcare@servicesaustralia.gov.au**
  There may be risks with sending personal information through unsecured networks or email channels.
- post to
  Services Australia
  Disaster Health Care Assistance Scheme
  PO Box 9822
  In your capital city
- take them to your local service centre.