Australian Government
Services Australia

medicare

Medicare Compensation Recovery Bank account details collection (MO024)

When to use this form

This form is to be completed by the injured person or claimant (such as a legal representative) for a compensation recovery case. It is to be completed if you want Services Australia to store your bank account details for the purpose of returning compensation recovery funds to you.

You may also choose your compensation recovery funds to be sent to a refund recipient's bank account. A refund recipient is a person who is authorised to receive a compensation refund on behalf of the injured person or a claimant. This includes a power of attorney, a public trustee or a solicitor.

The bank account details provided in this form will be held for the Medicare Compensation Recovery case only. Any changes to your bank account details held for Medicare purposes will not be automatically updated for this case.

Services Australia must be notified immediately of any changes to your bank account details by completing a new **Medicare Compensation Recovery Bank account details collection (MO024)** form.

Definitions

Injured person is the person in respect of whose injury or illness, the compensation may be paid.

Claimant is the person making a claim for compensation under the *Health and Other Services (Compensation) Act 1995* (the Act) either on their own behalf or on behalf of another person.

Authorised third party is either an organisation (such as a law firm) or an individual (such as a friend or relative) who is being authorised in this form to act on behalf of the injured person or claimant under the Act. This also includes a legal representative.

Legal representative is a person who has been appointed by law to act on the injured person's behalf such as an executor, court order, power of attorney.

The *Health and Other Services (Compensation) Act 1995* is available at **legislation.gov.au**

For more information

Go to **servicesaustralia.gov.au/medicarecompensationrecovery** call 1800 777 653 Monday to Friday, 8:30 am to 5 pm (local time).

Information in your language

To speak to us in your language, call **131 202**.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

Filling in this form

You can fill and sign 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 sign 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.

Compensation case or claim reference numbers

1 Compensation case or claim reference numbers (if known)

Medicare

Insurer

Injured person's details

2 Is the injured person listed on a Medicare card?

No ☐

Yes ☐ ▶ Provide Medicare card number — Ref no.

3 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

4 Date of birth (DD MM YYYY)

5 Postal address

Postcode

6 Daytime phone number (including area code)

Mobile phone number

Email

Refund recipient details

7 Is this form being completed on behalf of the injured person?

No ☐ ▶ ***Go to 10***

Yes ☐

8 Which of the following best describes the injured person?

Tick one only

Younger than 14 ☐

14 or older and does not have the capacity to act on their own behalf ☐

Deceased ☐

If this claim is being made on behalf of someone **14 or older who does not have the capacity to act on their own behalf or is deceased**, provide supporting documentation (for example, power of attorney, court order, last will and testament, probate).

9 What is your relationship to the injured person?

Tick one only

Parent ☐

Guardian ☐

Legal representative ☐

Public trustee ☐

Other ☐ ▶ Give details below

10 Does the injured person or claimant give consent for their solicitor to receive any advance payment refunds into the solicitor's trust account?

No ☐

Yes ☐ ▶ The solicitor must be named on a completed **Medicare Compensation Recovery Third party authority (MO021)** form.

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.

If the injured person or claimant has given consent for their solicitor to receive their advance payment refund, the solicitor's **trust account** details must be provided.

11 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

12 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process, issue notices and manage the compensation claim under the *Health and Other Services (Compensation) Act 1995*. Your personal and sensitive information may be disclosed to the injured person, claimant, legal representative, authorised third party, compensation payer, notifiable person or the Department of Health and Aged Care.

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**

Declaration

This form is **ONLY VALID** if signed by the injured person or claimant. A solicitor cannot sign this form.

13 **I declare that**:

- I have read the **Privacy notice** at question 12.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Injured person's or claimant's full name

Injured person's or claimant's signature

✍

Date (DD MM YYYY)

Returning this form

Check that all questions are answered and the form is signed and dated. Incomplete forms will not be processed. Edits or additions to previously submitted forms will not be accepted.

Return the completed form and any supporting documents by:

- **email** to **compensation.recovery@servicesaustralia.gov.au** There may be risks associated with sending personal information through unsecured networks or email channels.
- fax to 07 3004 5406
- post to
  Services Australia
  Medicare Compensation Recovery
  GPO Box 2436
  BRISBANE QLD 4001