Australian Government
Services Australia

medicare

Medicare Compensation Recovery Compensation payer's Electronic Funds Transfer details collection (M0025)

When to use this form

This form is to be completed by the compensation payer for a compensation recovery case. It is to be completed if you would like Services Australia to store your bank account details for the purpose of making future compensation recovery refunds that do not meet the requirements of the *Health and Other Services (Compensation) Act 1995*. The bank account details provided in this form will be held for the Medicare Compensation Recovery case only.

Services Australia must be notified immediately of any changes to your bank account details by completing a new **Medicare Compensation Recovery Compensation payer's Electronic Funds Transfer details collection (M0025)** form.

Definitions

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

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

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.

Compensation payer's details

1 Compensation payer's business name

2 Postal address

Postcode

Contact person's details

3 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

4 Daytime phone number (including area code)

Email

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.

5 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

6 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

7 **I declare that**:

- the information I have provided in this form is complete and correct.
- I have authority to represent the company in connection with the Medicare Compensation Recovery Program.

I understand that:

- giving false or misleading information is a serious offence.

Compensation payer's full name

Compensation payer's signature

On completion, insert digital signature or print and sign.

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 **medicare.compensation.finance@servicesaustralia.gov.au** There may be risks 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

Reset form