

medicare

Medicare Easyclaim enquiry (HW059)

When to use this form

This form is to be completed by health professionals where a claimant (the person who paid for the service) has not received their Medicare benefit that was claimed via the Medicare Easyclaim channel at that practice.

The claimant will be contacted by a Services Australia staff member. The claimant and patient may not always be the same person, for example, when the patient is a child or someone who is not able to make their own decisions. In such instances, the claimant and not the patient will be contacted about the non-receipt of Medicare benefit.

Important information

The Medicare Easyclaim enquiry cannot be submitted on the day the claim was sent. The enquiry can only be submitted the following business day, after the claim was sent.

For more information

For more information about Medicare Easyclaim, go to **servicesaustralia.gov.au/healthprofessionals** or call 132 150 Monday to Friday, 8.30 am to 5 pm, Australian Eastern 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.

Health professional's and/or practice details

- 1 Provider number
- Mrs Miss Ms Mx Other 2 Dr Mr Family name First given name Second given name 3 Practice address Postcode Practice phone number (including area code) 4 1 Mobile phone number 1 Fax number (including area code) 1 Email



MCA0HW059 2412

Claimant's details

	Medicare card number					
	Ref no.					
	Dr Mr Mrs Miss Ms Mx Other					
	Family name					
	First given name					
	Second given name					
	Date of birth (DD MM YYYY)					
	Permanent address					
	Postcode					
	Daytime phone number (including area code)					
	Mobile phone number					
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Privacy notice

13 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 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**

Declaration

14 I declare that:

- the services were rendered by me or on my behalf.
- the person who was eligible to receive Medicare benefit(s) in relation to the services rendered by me or on my behalf has confirmed non-receipt of the Medicare benefit(s).
- the information I have provided in this form is complete and correct.

I understand that:

• giving false or misleading information is a serious offence.

Health professional's full name

Health professional's signature

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Date (DD MM YYYY)

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Returning this form

Return this form and any supporting documents by:

- **email** to **ebusiness@servicesaustralia.gov.au** There may be risks with sending personal information through unsecured networks or email channels.
- fax to 03 9605 7981