

6 Registered person's email

Claim details

Out-of-pocket costs are paid for some or all of the travel or accommodation expenses detailed below.

7 Which out-of-pocket costs do you have?

Tick one only

Motor vehicle ☐ **Go to 8**

Accommodation ☐ **Go to 12**

Motor vehicle details

8 Registration number

9 Model or make and body type

10 Motor vehicle travel details

Trip 1

Dates of travel

From (DD MM YYYY)

To (DD MM YYYY)

Name and location of medical or health care facility

Name of servicing provider

Exact number of kilometres travelled

Trip 2

Dates of travel

From (DD MM YYYY)

To (DD MM YYYY)

Name and location of medical or health care facility

Name of servicing provider

Exact number of kilometres travelled

Trip 3

Dates of travel

From (DD MM YYYY)

To (DD MM YYYY)

Name and location of medical or health care facility

Name of servicing provider

Exact number of kilometres travelled

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

11 Did you also incur accommodation out-of-pocket costs?

No ☐ **Go to 13**

Yes ☐

Accommodation details

Accommodation costs claimable do not include the costs incurred for food or beverages (including mini bar).

12 Accommodation 1

Name and address of accommodation

Accommodation dates

Arrived (DD MM YYYY)

Departed (DD MM YYYY)

Number of persons in room

Amount paid (room cost only)

Accommodation 2

Name and address of accommodation

Accommodation dates

Arrived (DD MM YYYY)

Departed (DD MM YYYY)

Number of persons in room

Amount paid (room cost only)

Accommodation 3

Name and address of accommodation

Accommodation dates

Arrived (DD MM YYYY)

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Departed (DD MM YYYY)

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Number of persons in room

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Amount paid (room cost only)

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



Provide receipts or invoices for the listed out-of-pocket travel or accommodation expenses.

Bank account details of person to be paid

13 Have you previously supplied your bank account details to us?

No ☐ **Go to 15**

Yes ☐

14 Do you still want to use those bank account details?

No ☐

Yes ☐ **Go to 16**

15 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.

Name of bank, building society or credit union

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Branch number (BSB)

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Account number (this may not be the card number)

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Account held in the name(s) of

Privacy notice

16 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

Declaration

The person who incurred the out-of-pocket travel or accommodation expenses must complete this declaration.

17 I declare that:

- I have read the information on page 1 of this form
- I am registered and eligible to receive assistance under the Disaster Health Care Assistance Scheme
- 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 incurred the travel or accommodation out-of-pocket expenses being claimed
- the travel or accommodation out-of-pocket expenses being claimed are related to medical or health care treatment(s) for an injury or injuries caused by an adverse event covered under the Disaster Health Care Assistance Scheme
- all out-of-pocket expenses claimed by me relate to goods 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 authorise:

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

I consent to:

- Services Australia using my Medicare card number to validate appropriate payments.

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 Disaster Health Care Assistance Scheme
- giving false or misleading information is a serious offence.

Claimant's signature



Date (DD MM YYYY)

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