

Enquiries

For more information about Medicare please call Medicare on 132 011 or visit HIC's website at www.hic.gov.au

How to claim

- You do not need to complete a claim form if you have paid your account. Please present it at a Medicare office for cash or EFT.
- If you have already paid the account the itemised account and receipt must be attached. You can obtain payment:
 - in cash up to a specified limit at a Medicare office (please present your Medicare card when claiming)
 - by EFT directly into a nominated financial institution account. (Note: If your financial institution rejects the EFT a cheque will be issued to the claimant through the post)
 - by cheque through the post (do not send your Medicare card). The cheque will be issued in the claimant's name and posted to the claimant's address as shown on this claim form. Claims should be addressed to GPO Box 9822 in your capital city. (Note: Payment by EFT offers a faster payment time than by cheque).
- If the account has not been paid a cheque will be issued in the practitioner's name but posted to the claimant for forwarding to the practitioner together with any balance due.

Gap benefits

Medicare benefits are based on the schedule fee for the service rendered. The difference between the **Medicare benefit and schedule fee** is called the gap. People who have hospital insurance with a registered health benefits organisation and incur medical expenses in hospital can claim benefits from the fund for the gap amounts, provided Medicare benefits are payable for the services. People claiming Medicare benefits for in-hospital services will be provided with a statement of benefits, which can be used to support a claim on their private health fund for gap benefits. Alternatively, you can claim gap benefits from a participating private health fund, under a two-way agency arrangement, by filling in a Medicare two-way claim form, available from Medicare offices, and attaching it to your Medicare claim. Medicare forms are also available from the HIC website at www.hic.gov.au

The Medicare Safety Net

The Medicare safety net is designed to protect all people who frequently see the doctor and have high medical expenses for out-of-hospital services.

When gap payments and out-of-pocket expenses for individuals or registered families reach a threshold amount in a calendar year, Medicare will refund 100 per cent of the schedule fee and/or 80 per cent of out-of-pocket costs for the remainder of that calendar year. The safety net threshold amount is indexed annually from 1 January.

For further information contact your nearest Medicare office, call Medicare on 132 011 or visit the HIC website at www.hic.gov.au

Excluded services

Listed below are some of the services for which Medicare benefits are not payable:

- a medical examination for the purpose of life insurance, a superannuation or provident account scheme or admission to membership of a friendly society
- a service rendered by or on behalf of the Commonwealth, a state, a local governing body or an authority established by a law of the Commonwealth, a state or a territory
- a service where the medical expense is the responsibility of the employer of the patient, mass immunisation programs and health screening services not reasonably required for the management of the patient's medical condition.

A complete list of excluded services is available from the HIC website at www.hic.gov.au

Privacy note

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Australian Government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law. Information about medical expense totals may also be disclosed to other authorised family members for taxation statement purposes and the monitoring of family safety net entitlements. Patient name and address details may be disclosed to financial institutions when the claim is paid.

Medicare card number		<input type="text"/>	<input type="text"/>	<input type="text"/>	Manual Assessment (Office use only)					
Ref. no.	Patient's first name	Item	Date of service			Provider no.	Charge	Schedule fee	Benefit	Referral
			Day	Month	Year					
Office use only										