



Authority to release information Compensation Recovery Program

Important information

Complete this form to request the release of Medicare compensation case information.

This authority is valid up to and including the date the case is finalised by Medicare Australia, unless otherwise revoked in writing by the claimant.

Compensable persons who want information about their compensation case to be forwarded to a third party, such as their solicitor, need to give Medicare Australia written permission to release the information.

For Medicare Australia to accept an authority to release requested information relating to the compensable person's compensation case, the authority must include:

- name, address and signature of the compensable person or their authorised representative
- Medicare number of the compensable person
- clear identification of person, company, or organisation to whom Medicare Australia is releasing the information
- the date the authority is made

Assistance

If you need assistance in completing this form call Medicare Australia on **132 127***

or visit www.medicareaustralia.gov.au

Lodgment

Send the completed and signed form to:

Medicare Australia Compensation Reply Paid 4104 Sydney NSW 2001	OR	Medicare Australia Compensation Reply Paid 2436 Brisbane QLD 4001
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Tick where applicable

* Call charges apply

Compensable person's details

Dr Mr Mrs Miss Ms Other

1 Family name

First given name

2 Date of birth

3 Date of injury or illness

4 Medicare number

5 Your sex

Male Female

6 Address

 Postcode

7 Phone

Fax

Solicitor's details (of injured person)

8 Solicitor's reference

9 Name of firm

10 Address

 Postcode

11 Phone

Fax

Authorisation

(Print your full name in BLOCK LETTERS)

hereby authorised Medicare Australia to provide to

(Print name in BLOCK LETTERS)

Address

 Postcode

all Medicare Australia correspondence and records that relate to my claim for compensation, as defined by the *Health and Other Services (Compensation) Act 1995*, including full details of my Medicare history.

Acknowledgment

I understand that: the information provided may include Medicare billing information for services not necessarily related to the injury or illness.

Signature of compensable person (or authorised representative)



Date

Privacy note

The information provided on this form will be used by Medicare Australia to register a compensable person, process the claim and determine the amount (if any) owing to the Australian Government in accordance with the *Health and Other Services (Compensation) Act 1995* (the Act). Its collection is authorised by the Act and may be disclosed to the Department of Health and Ageing, Australian Taxation Office, Centrelink and Child Support Agency or as authorised or required by law.