



# Medical Services Claim Form

## 1. Please read this before completing this form

- **Please use BLOCK letters.**
- Please use this form if you wish to claim for the cost of medical treatment received by you.
- Comcare will normally only pay for medical treatment that is part of Comcare's Approved Treatment Plan for this claim.
- For most types of medical treatment, Comcare uses, as the upper limit of what can be paid, the schedules issued by professional associations such as the AMA. As a result, there may be a difference between what you have been charged and what Comcare is able to pay.
- All invoices must clearly identify the provider, (name, address, telephone number & ABN), and service details.
- **Privacy and personal information:** Comcare uses the information on this form to assist it in managing the employee's claim for workers' compensation. The collection, storage and release of the information provided is protected under the *Privacy Act 1988*. Comcare only gives this information to someone else in special circumstances where Commonwealth legislation allows or requires it, or where the employee gives permission.

## 2. Employee's Details

Comcare claim number:

Title: (please tick) Mr  Ms  Miss  Mrs  Other

Date of injury:

Surname:

Phone no. home: (  )

Given Names:

Phone no. work: (  )

Injury/condition:

Phone no. mobile:

Home address:  Postcode

Postal address:  Postcode

## 3. Claims for medical treatment

(For pharmaceuticals and for accommodation in a hospital - please complete paragraphs 4 or 5 below)

Date of treatment	Service Provider's name	Cost \$	Have you paid the account ?	If 'yes' have you attached original receipt ?

## 4. Claims for the cost of pharmaceuticals/prescriptions

Date of receipt/ account	List each pharmacy item/drug separately (e.g. Voltaren, Amoxil etc)	Cost per item \$	Have you paid the account ?	If 'yes' have you attached original receipt ?

### 5. Claims for accommodation in a hospital

Period of admission	Hospital's name	Cost \$	Have you paid the account ?	If 'yes' have you attached original receipt ?

### 6. Employee's Declaration

- For any of the medical treatment listed at '3', '4' or '5', has a claim been made on, or payment received from Medicare and/or a private Health Insurer?
  - Medicare: No  Yes  } If 'yes' please attach benefit statement.
  - Private Health insurer: No  Yes  }
- I authorise Comcare to contact the referring practitioner or the provider of the services if clarification of the details on the accounts/receipts is required.
- Under the provisions of the *Safety, Rehabilitation and Compensation Act 1988*, I claim payment for the services listed on this form; and
  - I declare that:**
    - I have incurred the expenses for these services;
    - all the services relate to my compensable condition; and
  - I am aware that:**
    - giving false or misleading information is a serious offence and could lead to prosecution under the *Criminal Code*; and
    - any monies paid to me by Comcare as a result of a false or misleading statement or false or misleading information will be recovered.

Signature

Date

 /  / 

### 7. Please make sure you have:

- signed the Declaration above; and
- attached **original** accounts (and receipts, if applicable).

### 8. Send completed form to:

Comcare, GPO Box 9905 Canberra ACT 2601

If you have already paid the account, a cheque, together with a statement of benefit will be posted to you.  
 If you have not paid the account, a cheque, together with a statement of benefit will be posted to the service provider.

If you have any enquiries, please call Comcare on 1300 366 979. Our office hours are 8.30 am to 5.00 pm AEST.

### 9. Medical Treatment

Comcare aims to support you to achieve better health if you suffer from a work-related injury or illness. Comcare helps by reimbursing reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your work-related injury or illness.

You should discuss your medical treatment needs with your medical provider to establish a treatment plan. Such a plan sets out what types of treatment you should seek, how often and for how long.