



Australian Government

Comcare

PUTTING YOU *FIRST*

MEDICAL SERVICES CLAIM FORM

(Please use this form to claim the cost of medical treatment and travel expenses. Only **Part B** of this form needs to be returned to Comcare.)

Comcare pays for reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your work-related injury or illness. However, for many services Comcare may use fee schedules set by professional associations, such as the Australian Medical Association or other allied health organisations to reimburse the costs for a number of medical services. As a result, there may be a difference between the amount your provider has charged and what Comcare is able to reimburse you for those services.

PART A—INFORMATION ONLY

(Only **Part B** needs to be returned to Comcare.)

PRIVACY AND PERSONAL INFORMATION

Comcare needs to collect your personal information for the purpose of determining and managing your compensation claim and to assist Comcare to perform its functions and exercise its powers under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Your personal information may also be used by Comcare for the purposes of administering and enforcing other legislation administered by Comcare including the *Occupational Health and Safety Act 1991* (OHS Act) and associated regulations.

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties:

- > your employer at the date of injury and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional
- > hospital or other health institutions
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisers
- > persons engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > investigators appointed under section 40 of the OHS Act
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury
- > any other person assisting Comcare in the performance of its functions or exercise of its powers.

In the course of managing your claim, Comcare and the above specified parties may have occasion to collect your personal information from, and disclose records containing your personal information to, one another.

SEND COMPLETED FORM TO:

Comcare, GPO Box 9905, Canberra ACT 2601

For more information call 1300 366 979 or visit our website at www.comcare.gov.au/claims

COSTS FOR REIMBURSEMENT

Please make sure you have:

- > signed the Employee's declaration on page 4
- > attached the original invoices or receipts for medical or travel costs to your claim form (this includes household help or attendant care services, as well as, the costs for ambulance services, public transport or parking and for accommodation and meals associated with approved travel claims)
- > attached the statement of benefits from Medicare or your private health fund if you have claimed a reimbursement for your medical expenses through these health insurers
- > made a copy of the invoices or receipts for your records.

If you have paid the account, a cheque will be posted to you or if you are being reimbursed by Electronic Funds Transfer (EFT) the payment will be paid into your bank account and a payment remittance will be posted to you. If you have not paid the account, Comcare will make the payment to your service provider.

IMPORTANT INFORMATION FOR PAYMENT OF TRAVEL EXPENSES

- > Comcare will pay compensation for reasonably incurred travel costs, for the purposes of obtaining medical treatment, where
 - each journey (including the return part of the journey) by private vehicle exceeds 50km, and
 - you need the use of public transport (including buses, trains, planes and taxis) or an ambulance because of your accepted condition.
- > When considering the reasonableness of your travel, Comcare will have regard to the distance of available equivalent medical treatment from a service provider located closer to your place of residence or workplace.
- > Travel is payable at a maximum rate for each whole kilometre travelled, having regard to the shortest practicable route you travel. The rate per km includes the cost of petrol, tolls and wear and tear on the car. The rate per km is set by the Minister and not Comcare. Please contact Comcare for the current rates.
- > You must provide Comcare with a medical certificate if you want to claim for the use of public transport or an ambulance. Your doctor must recommend the need for the use of this type of transport and give their reasons supporting their recommendation on the medical certificate.
- > Comcare will reimburse reasonable parking costs associated with obtaining medical treatment and may also reimburse you for reasonable accommodation and meal costs associated with overnight or long distance travel for the purpose of obtaining medical treatment. Private expenses, such as the use of mini bars, internet connection, telephone calls or personal items, such as, magazines, books, clothing or toiletries are not included in these costs.
- > In order for Comcare to reimburse you for the costs associated with your travel i.e. accommodation and meals, you will need to obtain tax invoices/receipts from the service providers involved for these costs. Please note Comcare is unable to reimburse costs from Eftpos receipts as they do not meet processing requirements.
- > Reimbursement of your expenses will not be made until attendance at your appointment has been confirmed. Comcare may require a certificate of attendance from the doctor/clinic when you attend. Please attach this to your application.

RECORD KEEPING

Please note that any original documentation is archived in accordance with Comcare's policy and *Disposal Authorities* issued by the National Archives of Australia. The original paper format will only be held for a period of six months. If you require information concerning this, please write to:

The Records Manager
Comcare, PO Box 9905, CANBERRA CITY ACT 2601

MEDICAL SERVICES CLAIM FORM

PART B—RETURN TO COMCARE

EMPLOYEE'S DETAILS

Comcare claim reference number	<input type="text" value=" /"/>	Phone (home)	<input type="text" value="()"/>
Surname	<input type="text"/>	Phone (work)	<input type="text" value="()"/>
Given name(s)	<input type="text"/>	Mobile	<input type="text"/>
Injury/condition	<input type="text"/>	Date of injury	<input type="text" value=" /"/>
Residential address	<input type="text"/>		
Postal address	<input type="text"/>		

Date of service	Service provider's name	Description of services (pharmacy item/medical service/accommodation or meals associated with travel to medical appointment/household help services)	If claiming for house hold services, please state number of hours claimed	Cost \$	Have you paid? Y/N	Claim has been made on:		Attached receipt/ invoice? Y/N
						Medicare	Private health insurer	

