



Australian Government

Comcare

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.

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

PART A—INFORMATION ONLY

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

PRIVACY STATEMENT

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If Comcare does not collect personal information from you for the purposes of assessing your claim or related functions, we may not be able to determine your claim.

Comcare is the Commonwealth agency authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect personal information relevant to an injured worker's claim for the purposes of managing the compensation claim and for the management of the injured worker's rehabilitation and the discharge of other functions and use of other powers under the SRC Act. For those purposes, Comcare may need to collect from, use and disclose your personal information to the following parties:

- > your employer at the date of your injury, your current employer and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional, hospitals, other health institutions, or service providers related to your claim
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisors and law enforcement authorities
- > personnel engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > Comcare fraud investigators
- > inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury, illness or impairment
- > any other person assisting Comcare in the performance of its functions or exercise of its powers
- > any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation)

We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. Comcare's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint to us if you consider that Comcare has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

Comcare is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, Comcare will comply with obligations regarding disclosure to overseas entities (Australian Privacy Principle 8).

For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please refer to www.comcare.gov.au/privacy, contact us on 1300 366 979 or email privacy@comcare.gov.au

COSTS FOR REIMBURSEMENT

Please make sure you have:

- > signed the Employee's declaration on page 4
- > attached the original (or copy of 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, or
 - 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 where the journey exceeds 50km. 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. The journey must exceed 50km for accommodation and meals to be payable.
- > 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	

