



This form is the first step in requesting a Notice of Past Benefits under Section 21 of the *Health and Other Services (Compensation) Act 1995*.

## Injured person's details

**1** Injured person's full name  
 Family name   
 Given names

**2** Date of birth

**3** Postal address

**4** Daytime phone number ( )

**5** Medicare card number

**6** Is the injured person an overseas visitor? No  Yes

**7** Is the injured person under 14 years of age or mentally incapacitated?  
 No  **Go to Question 9**  
 Yes

**8** Details of the person making the compensation claim on behalf of the injured person (e.g. parent, executor)  
 Family name   
 Given names   
 Postal address  
  
  
  
 Daytime phone number ( )   
 Relationship to the injured person (e.g. parent, executor)

**9** Injury details  
 Date of injury   
 Brief description of the injury

## Compensation payer's details

**10** Name of compensation payer

**11** Postal address

**12** Phone ( )   
 Fax ( )   
 Email

**13** Type of compensation being claimed  
 Workers  TAC  Public   
 MVA  Common

**14** Compensation payer's reference (if known)

**15** Does this case involve more than one compensation payer?  
 No   
 Yes  Name(s) of other compensation payer(s)

## Injured person's solicitor's details

**16** Name of firm

**17** Postal address

**18** Phone ( )   
 Fax ( )   
 Email

**19** Solicitor's reference (if known)

**Privacy note** — The details on this form will be used by Medicare Australia to register a claimant, 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*. Collection is authorised by the Act and may, by law, be disclosed to the Department of Health and Ageing, the Australian Taxation Office and Centrelink.

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