

Medical Services Claim Form

(Please use this form if you wish to claim for the cost of medical treatment you have received)

The Asbestos Compensation Commissioner pays for reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your compensable asbestos-related disease.

YOUR DETAILS

Claim number

Title (Mr/Ms/Miss/Other) Last name

Given name(s)

Residential address

Postcode

Postal address

Postcode

Telephone numbers Home Work

Mobile

DISCLOSING AND SHARING INFORMATION

The Asbestos Compensation Commissioner needs to collect your personal information for the purpose of determining and managing your compensation claim and to assist in the performance of its functions and exercise of its powers under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011* (the Act).

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

- your employer at the time you were exposed to asbestos and any subsequent employer
- your superannuation fund manager or trustee
- any health professional
- hospital or other health institutions
- vocational and functional assessor
- employment agencies
- legal advisers
- persons engaged by the Asbestos Compensation Commissioner to conduct research related activities
- any relevant third party (or insurer) considered by the Asbestos Compensation Commissioner to have contributed to the disease
- any other person assisting the Asbestos Compensation Commissioner in the performance of its functions or exercise of its powers.

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

COSTS FOR REIMBURSEMENT

Please make sure you have:

- signed the declaration on page 6;
- 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; and
- made a copy of the invoices or receipts for your records.

If you have paid the account, you will be reimbursed by Electronic Funds Transfer (EFT) if you have supplied the Asbestos Compensation Commissioner with your bank account details. Alternatively a cheque will be posted to you. If you have not paid the account, the Asbestos Compensation Commissioner will make the payment to your service provider. Where you have not paid the account, the account must be forwarded to the Asbestos Compensation Commissioner with this form, within 10 business days.



Date of service	Service provider's name	Description of services (eg pharmacy item, medical service, accommodation or meals associated with travel to medical appointments)	If claiming for household services please state number of hours claimed	Cost \$	Have you paid? Y/N	Have you claimed on Medicare? Y/N	Have you claimed on private health insurance? Y/N	Attached receipt/invoice? Y/N



IMPORTANT INFORMATION FOR PAYMENT OF TRAVEL EXPENSES

- The Asbestos Compensation Commissioner will pay compensation for reasonably incurred travel costs, for the purposes of obtaining medically approved treatment.
- When considering the reasonableness of your travel, the Asbestos Compensation Commissioner 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 Tasmanian State Service Award. Please contact the Asbestos Compensation Commissioner for the current rates.
- The Asbestos Compensation Commissioner 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 that medical treatment has been recommended by a medical practitioner and that treatment, and associated travel, has been approved by the Asbestos Compensation Commissioner prior to travel. 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.
- The Asbestos Compensation Commissioner may reimburse the costs of travel for an accompanying person where this is medically required (ie medical practitioner certifies this in writing) and approved by the Asbestos Compensation Commissioner prior to travel.
- In order for the Asbestos Compensation Commissioner 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 that the Asbestos Compensation Commissioner 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. The Asbestos Compensation Commissioner may require a certificate of attendance from the doctor/clinic when you attend. Please attach this to your application.

CLAIM FOR TRAVEL EXCLUDING ACCOMMODATION AND MEALS

Date of treatment	From: (place and suburb or town)	To: (place and suburb or town)	Reason for travel	Type of transport (private vehicle, bus, taxi)	Total distance travelled (Km)	Fare (\$)





DECLARATION

- I authorise the Asbestos Compensation Commissioner to contact my referring practitioner or the provider of the services if clarification of the details on the accounts/receipts is required.
- Under the provisions of the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*, I claim payment for the services listed on this form.
- I declare that:
 - I have obtained these services in relation to my compensable condition.
 - All the services relate to my compensable condition.
- I am aware that:
 - Giving false or misleading information is a serious offence and could lead to prosecution under the *Criminal Code 1995*.
 - Any monies paid to me by the Asbestos Compensation Commissioner as a result of a false or misleading statement or false or misleading information will be recovered.
- I understand that if the invoice/receipt does not contain sufficient information such as name, provider's contact details, address, ABN number, date of service, individual service cost, item number (if applicable) or name of pharmacy medication, the invoice/receipt will be returned to me.

Signature

Date

RECORD KEEPING

Please note that any original documentation is archived in accordance with the Asbestos Compensation Commissioner's policy and Disposal Authorities issued by the National Archives of Australia. The original paper format will be held for the life of the claim. If you require information concerning this, please write to the Asbestos Compensation Commissioner.

SUBMIT COMPLETED FORM



BY post to:
The Asbestos Compensation Commissioner
PO Box 56
ROSNY PARK TAS 7018

For more information call 1 300 366 322 or visit our website at www.asbestos.tas.gov.au

OFFICE USE ONLY

Actioned _____ Initials _____ Date _____