



Authority to release personal Medicare claims information to a third party

Important information

Complete this form to request the release of personal Medicare claims information to a third party.
Any changes to this form must be initialled by the signatory. Your request will only be actioned if the form is completed, incomplete forms will be returned to you.
Information will only be provided for the dates listed on this form. Medicare records are available from **1 February 1984**.
This authority will remain valid for 12 months from the date signed unless the authority is expressly withdrawn.

Assistance

If you need assistance in completing this form visit www.medicareaustralia.gov.au call **132 011***, or visit your local Medicare office.

Lodgement

Send completed and signed form to:

**Information Release Section
Medicare Australia**

GPO Box 9822

in your capital city

or visit your local Medicare office.

Tick where applicable

* Call charges apply

Your details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

Date of birth

 / /

2 Medicare card number

Ref no.

Contact details

3 Permanent address

Postcode

Postal address (if different to above)

Postcode

4 Work phone number

 ()

Home phone number

 ()

Mobile phone number

Email

 @

Your authorisation

5 I,

(print your full name in **BLOCK LETTERS**)

authorise Medicare Australia to provide my Medicare claims history to the following organisation or person:

(print in **BLOCK LETTERS**)

For the period from / / to / /

(insert a full date range e.g. 01/05/2006 to 31/05/2007)

Declaration

6 I declare that the information on this form is true and correct.

Signature

Date

 / /

Privacy note

The information provided on this form will be used to establish your express authority in accordance with the secrecy provisions of the *Health Insurance Act 1973* for consideration to release your personal Medicare history to the person or organisation specified in question 5.

Sample Medicare claims history

The information in your Medicare claims history may include details that are not directly related to the purpose for which it is being requested. Medicare records are available from 1 February 1984.

A sample of the information that may be included in your Medicare claims history:

Date of service	Item	Item description	Benefit	Provider charge	Payment method	Date of lodgement	Date of processing	Rendering provider location and name	Ordering provider location and name
15 June 2007	00023	VR Level B Cons	\$32.10	\$32.10	Bulk Bill	08 July 2007	10 July 2007	Dr J Black 104 Smith Rd, Smithville	
06 July 2007	11700	ECG	\$23.50	\$32.50	Bulk Bill	02 Aug 2007	04 Aug 2007	Dr Smith, Suite 2b 8 Johns St, Melbourne	
15 Aug 2007	56807H	CT chest/ abd/pelv	\$420.00	\$680.00	Cash	16 Aug 2007	16 Aug 2007	Dr Smith, Suite 2b 8 Johns St, Melbourne	Dr W Brown 17 Hope Pl, Melbourne