



**15** Do you want to authorise another person (e.g. an agent) to collect benefits on your behalf?  
 We will ask your agent to provide satisfactory personal identification before receiving benefits on your behalf. Your Medicare benefit will be paid via Credit EFTPOS into your agent's bank account. Your agent will be required to hold a debit card in order to complete the transaction.

No  Yes

Please give details of your agent

Full name

Permanent address

Postcode

I declare that:

- I have read and understood the Privacy notice contained in this form.

**Agent's signature**



**Medicare Safety Net**

The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket costs for out-of-hospital Medicare Benefits Schedule services. For information or to register, go to our website [humanservices.gov.au/safetynet](http://humanservices.gov.au/safetynet) or call 132 011.

**Note:** Call charges apply. Calls from mobile phones may be charged at a higher rate.

**Claimant's declaration**

**16** I hereby claim benefits for the professional service(s) to which this claim relates and I declare that:

- I have paid for, or am liable to pay, the expenses for these services
- the services were not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with the patient's employment
- the services were not provided by or on behalf of the Australian Government, a state, territory or a local governing body or an authority established by a law of the Australian Government, state or territory
- I have not claimed for dental expenses through private health insurance, and
- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

**Claimant's signature**



Date

/  /

**Privacy notice** – Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

**Australian Organ Donor Register (optional)**

**1** Your Medicare card number  -  -  -  -  -  Ref no.

**2** Your details Family name

First given name

Permanent postal address

Postcode

**Note:** This address will be used to update the Medicare record for everyone on your Medicare card.

Date of birth  /  /  Sex Male  Female

**3** I wish to register my consent to donate the following organs and/or tissue for transplantation, in the event of my death. Tick 'All' or as many as apply

- All  Bone tissue  Eye tissue  Heart   
 Heart valves  Kidneys  Liver   
 Lungs  Pancreas  Skin tissue

**4** I wish to register my decision **not** to be an organ and/or tissue donor

**5 Organ donor declaration**

**I declare that:**

- I give permission for the details I have provided, to be actioned on the Australian Organ Donor Register.
- I have discussed this decision with my family, partner or friend.
- I am aware that I can change my donation decision details at any time.
- I have read and understood the Privacy notice contained in this form

**Your signature**



Date

/  /

**For more information**

For more information, go to our website [humanservices.gov.au/organdonor](http://humanservices.gov.au/organdonor) or call the Australian Organ Donor Register on 1800 777 203.

**Note:** Call charges apply from mobile phones.