



Australian Government
Medicare Australia

External breast prostheses reimbursement program claim

Instructions: Only use this form for paid accounts. You must attach the original receipt, which includes a description of the purchase.

Mail to **Medicare Australia, GPO Box 9822**, in your capital city, or hand in at your local Medicare office.

We will send you a statement of the amount deposited in your account. Please retain this for taxation purposes.

Claimant's details—*The person who received the prosthesis*

1 Your Medicare card number

Ref no.	Your full name	Prosthesis type (Please tick one or both)
<input type="text"/>	<input type="text"/>	Left breast <input type="checkbox"/> Right breast <input type="checkbox"/>

2 Postal address

Do you want this recorded as your permanent postal address? No Yes

3 Phone

4 Email (optional)

Payment—the reimbursement will be made by electronic funds transfer (EFT) to your nominated bank account.

5 Have you previously supplied your bank account details to Medicare Australia No Yes Go to question 7

6 To supply or update your bank account details, please provide the following information. These details will be used for future payments.

Note: EFT cannot be paid into credit card or loan/mortgage accounts.

Name of bank, building society or credit union	<input type="text"/>
Branch where account is held	<input type="text"/>
Branch number (BSB)	<input type="text"/> - <input type="text"/>
Account number (this may not be your card number)	<input type="text"/>
Account held in the name(s) of	<input type="text"/>

7 Have you received a refund or financial assistance[†] from a private health fund or a state or territory program for the prosthesis(es) you are claiming?

No

Yes If **yes**, please write the amount received in applicable box:

Private health fund	\$
State or territory program	\$
Other	\$

[†] The amount of your reimbursement will be reduced by the amount already refunded or financial assistance already received.

Claimant's declaration

8 I hereby claim a reimbursement for the purchase of external breast prosthesis(es) to which this claim relates and I declare that:

- the purchase claimed is required as a result of mastectomy surgery
- the amount claimed has been paid
- I am not eligible to claim financial assistance from the Department of Veterans' Affairs for the purchase
- the information in this claim is true and correct.

Claimant's
signature

Date

Privacy note—the information provided on this form will be used to assess any benefits payable for the purchase claimed and may be used to update Medicare enrolment records. The collection of this information is required by Medicare Australia to perform functions under a service arrangement made under subsection 7(2) of the *Medicare Australia Act 1973*. The EFT details collected can be used for any future payments to you from programs administered by Medicare Australia. Your name and address may be disclosed to financial institutions when the claim is paid. Your personal details contained on this form will not be disclosed to any other third party, unless such disclosure is authorised or required by law.

About the external breast prostheses reimbursement program

How much is the reimbursement?

A reimbursement of up to \$400 for each new or replacement external breast prosthesis can be paid, depending on the cost of the prosthesis. This limit applies to each prosthesis for each breast.

Examples

If you have had a double mastectomy and have purchased a double prosthesis at a cost of \$800, your reimbursement amount is \$800^{††}. If the cost of your purchase is \$600, the reimbursement amount is paid up to the total cost of \$600^{††}.

If you have purchased a single prosthesis at a cost of \$500, the reimbursement amount is \$400^{††}.

^{††} Subject to other refunds or financial assistance not being paid to you (refer below).

Can the cost of the prosthesis be claimed as a reimbursement from this program and from other sources such as a private health fund?

Yes, but only if you received less than the full purchase cost and if the refund is less than the reimbursement limit. The amount of your reimbursement will be reduced by the amount of financial assistance already received.

Example

If the cost of your purchase is \$500 and you have received a refund of \$200 for a single prosthesis from your health fund, the \$200 is subtracted from the reimbursement limit of \$400. The reimbursement amount will be \$200.

How often can a reimbursement be claimed?

If a claim under this program has previously been made, a subsequent reimbursement can be claimed no earlier than two years from the date of the last purchase. This applies for each prosthesis for each breast.

Further Information

Visit Medicare Australia's website at www.medicareaustralia.gov.au or call Medicare **132 011** (call charges apply).