

Medical Services Claim Form

(Please use this form to claim the cost of medical treatment and travel expenses. Only Part B of this form needs to be returned to ANU).

ANU pays for reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your work-related injury or illness. However, for many services ANU may use fee schedules set by professional associations, such as the Australian Medical Association or other allied health organisations to reimburse the costs for a number of medical services. As a result, there may be a difference between the amount your provider has charged and what ANU is able to reimburse you for those services.

SEND COMPLETED FORM TO:

Claims Management Team, Work Environment Group 10B East Road, Chancelry Building Australian National University ACTON ACT 2601 Alternatively email the completed form to: workerscomp@anu.edu.au

PART A—INFORMATION ONLY

(Only Part B needs to be returned to ANU.)

PRIVACY STATEMENT

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If ANU does not collect personal information from you for the purposes of assessing your claim or related functions, we may not be able to determine your claim.

For those purposes, ANU may need to collect from, use and disclose your personal information to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any heath professional, hospitals, other health institutions, or service providers related to your claim
- your Claims Services Officer (CSO)
- your rehabilitation provider
- vocational and functional assessor
- · employment agencies
- legal advisors and law enforcement authorities
- the Safety, Rehabilitation and Compensation Commission
- inspectors appointed under section 156 of the Work Health and Safety Act 2011
- any relevant third party (or insurer) considered by ANU to have contributed to the injury, illness or impairment
- any other person assisting ANU in the performance of its functions or exercise of its powers
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the
 direction of a court to produce documentation.
- legal advisors and law enforcement authorities

Please refer to www.anu.edu.au/privacy or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

Email: workerscomp@anu.edu.au | www.anu.edu.au

COSTS FOR REIMBURSEMENT

Please make sure you have:

- · signed the Employee's declaration on page 4
- · attached the invoices or receipts for medical or travel costs to your claim form
- 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
- kept a copy of the invoices or receipts for your records.

If you have paid the account, reimbursement will be made to you. If you have not paid the account, ANU will make the payment to your service provider.

IMPORTANT INFORMATION FOR PAYMENT OF TRAVEL EXPENSES

- ANU will pay compensation for reasonably incurred travel costs, for the purposes of obtaining medical treatment, where
 - each journey (including the return part of the journey) by private vehicle exceeds 50km, or
 - you need the use of public transport (including buses, trains, planes and taxis) or an ambulance because of your accepted condition.
- When considering the reasonableness of your travel, ANU 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 Minister and not ANU. Please contact ANU for the current rates.
- You must provide ANU with a medical certificate if you want to claim for the use of public transport or an ambulance.
 Your doctor must recommend the need for the use of this type of transport and give their reasons supporting their recommendation on the medical certificate.
- ANU 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 the journey exceeds 50km. 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.
- In order for ANU 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 ANU is unable to
 reimburse costs from Eftpos receipts as they do not meet processing requirements. The journey must exceed 50km
 for accommodation and meals to be payable.
- Reimbursement of your expenses will not be made until attendance at your appointment has been confirmed. ANU may require a certificate of attendance from the doctor/clinic when you attend. Please attach this to your application.

NOTE: If your bank account details change, please complete and submit the request to change bank account and or personal details form available online.

December 2018

Medical Services Claim Form

PART B - RETURN TO ANU

Employee's Uni ID.							
ANU Claim							
Reference No.	/	Phone (home)	()			
Surname		Phone (work)	()			
Given name(s)		Mobile					
Injury/condition		Date of injury			/	/	
Residential address							
Postal address							

			Description of services	If claiming for		Have you	Claim has been made on:		Attached receipt/ invoice? Y/N
Date of service	Service provider's name	Description of services (pharmacy item/medical service/ accommodation or meals associated with travel to medical appointment/household help services)	house hold services please state number of hours claimed	Cost \$	paid? Y/N	Medicare	Private health insurer		

December 2018

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 (\$)

EMPLOYEE'S DECLARATION

- I authorise ANU 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 Safety, Rehabilitation and Compensation Act 1988, I claim payment for the services listed on this form.
- I declare that
- o I have obtained these services in relation to my compensable condition
- o All the services relate to my compensable condition.
- I am aware that
 - o Giving false or misleading information is a serious offence and could lead to prosecution under the Criminal Code 1995
 - o Any monies paid to me by ANU 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	/	/

December 2018