

LODGMET ADVICE

Electronic Claim for assessment by Services Australia

**THIS FORM CANNOT BE USED TO MAKE A CLAIM FOR MEDICARE PAYMENTS. THIS CLAIM HAS
ALREADY BEEN SUBMITTED TO MEDICARE ON YOUR BEHALF**

Claim		
Claim reference ION0000020042022110812	Date and time of lodgement 20/04/2022 11:08 AM	ACRF 220420-7
Location Dhaka	Location ID ION00000	Location contact 0300000000
Location address 123 demonstartion ave ,MOUNT RICHMOND VIC 3305		

Patient details		Claimant	
Name Marrianna-Louise Jones		Name Marrianna-Louise Jones	
Date of birth 18/05/1967		Date of birth 18/05/1967	
Medicare no. 2298039874	Medicare IRN 1	Medicare no. 2298039874	Medicare IRN 1
		Address 6 Jones Pl ,GOWRIE 2904	

Service details	
Servicing provider Emerson Brantley	Servicing provider no. 2442421K
Payee provider Kathy Humphris	Payee provider no. 2442421K
Referrer provider Dr Vivian Mortier	Referrer provider no. 2442421K
Referrer period Standard(12 months for a GP, 3 months for a Specialist)	Referral date 21/06/2021

Date of service	Item no.	Item name	Charge amt.	Patient cont.	Benefit
20/04/2022	4	Group attendance item	200	0	31.6

Payment Details

- The account is fully paid: NO
- If required, correspondence regarding this claim will be directed to the: ABOVE ADDRESS/ADDRESS HELD BY MEDICARE.

This includes, if applicable, any Pay Doctor via Claimant (PDVC) cheques for the service provider. It is the responsibility of the claimant to forward the PDVC cheque to the service/ payee provider.

Claimant Declaration

I have paid for or am liable to pay the expenses for these services and these services are not excluded under the Health Insurance Act 1973 (i.e. are not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with employment) and/or Dental Benefits Act 2008. To the best of my knowledge and belief all the information disclosed in the lodging of this claim is true and accurate. I authorise the medical practice to electronically transmit my claim for benefits to Services Australia on my behalf. I also authorise Services Australia to contact the referring provider or the provider of the services if clarification of details on the account and/or receipt is required for assessment or auditing purposes. For this claim, I have consented to this practice sending to and receiving from Services Australia, the following information for verification:

- The patient's enrolment information including the patient's Medicare card and issue number
 - The patient's first name and individual reference number
 - The claimant's postcode information provided it matches my records; and
 - The benefit amount for each service in this claim.
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Privacy Notice

Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia 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 agency 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 Services Australia will manage your personal information, including our privacy policy at servicesaustralia.gov.au/privacy or by requesting a copy from the agency.
