Medical Expenses Claim Form

icare dust diseases care

Please complete this form if you are making a claim for reimbursement of medical and related expenses.

Section 60(3) of the Workers' Compensation Act 1987 states compensation payments can be made only if the costs are properly verified. It is important the form is completed properly and signed by you for your claim to be assessed. Forms requiring further clarification may need to be sent back to you and will need to be resubmitted. Please refer to the Medical Expenses Fact sheet to assist you to complete this form.

Personal Details

Name:		File No:	DOB:
Address:			

Please list your medical expense details related to your Dust Disease

	Column A	Column B	Column C	Column D
Item Number	Type of claim e.g. medical, hospital, pharmaceutical, Medicare gap.	Detail of each item or service being claimed *If you paid $64.20 and Medicare refunded you $30.00, then the amount to put in Column D is the difference. i.e. $64.20- $30.00= $34.20*	Date of purchase or service	Cost of item or amount to be reimbursed to you
EXAMPLE	Medicare Gap	Consultation - Dr Smith	25/07/2011	$34.20
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
All receipts MUST be attached.			TOTAL FOR THIS CLAIM	

The above expenses were incurred by me in obtaining treatment or being provided with services that were reasonably necessary as a result of my dust disease.

Signature of beneficiary: _____ Date: _____

Please forward this form to:	Dust Diseases Care, GPO Box 5323, Sydney NSW 2001 Tel: (02) 8223 6600 or 1800 550 027 Fax: (02) 9279 1520 Email: DDAenquiries@icare.nsw.gov.au