



# Notice of judgment or settlement

## IMPORTANT INFORMATION

This notice must be sent to Medicare Australia within 28 days of the judgment or settlement being made.

### Advance payment

The compensation payer may make an advance payment of 10 per cent (10%) of the compensation payment fixed under the judgment or settlement to Medicare Australia and pay the remaining 90 per cent (90%) to the compensable person.

**Note:** a lump sum is inclusive of any amount awarded as part of the judgment or settlement, including medical and legal costs.

For example an amount of \$200 000 is awarded to the compensable person plus \$25 000 in legal costs, 10 per cent (10%) of this amount, which is to be forwarded to Medicare Australia under this option is \$22 500.00 (\$200 000 + \$25 000 = \$225 000).

However, before an advance payment can be made, the compensation payer must comply with sections 23, 33A and 33B of the *Health and Other Services (Compensation) Act 1995*, the Act, to ensure that:

### Section 23A statement and Statutory Declaration

This statement and Statutory Declaration is only to be submitted if:

1. a Notice of past benefits has never been issued in relation to the case for compensation; or
2. a Notice of past benefits has previously been issued, but was not valid at the time of judgment or settlement.

The Section 23A statement and Statutory Declaration can be downloaded from the Medicare Australia website located at: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

### Section 33A

1. the injured person has been advised by the compensation payer, in writing, that an Advance payment is to be made under Section 33A, and

### Section 33B

2. a Notice of past benefits under Section 21 of the Act has not been issued by Medicare Australia in respect of this claim in the six months preceding the judgment or settlement, see Section 33B(1)(a), and
3. the total amount of compensation payable under the judgment or settlement is fixed at more than \$5000, see Section 33B(1)(d).

### Privacy note

The information provided on this form will be used by Medicare Australia to register a compensable person, process the claim and determine the amount (if any) owing to the Australian Government in accordance with the *Health and Other Services (Compensation) Act 1995* (the Act). Its collection is authorised by the Act and may be disclosed to the Department of Health and Ageing, Australian Taxation Office, Centrelink and Child Support Agency or as authorised or required by law.



## Judgment or Settlement details

### Compensation fixed under:

- Judgment  
 Settlement

21 Date of Judgment or Settlement

22 Date the compensation payer is required to pay the compensation

23 Was the amount of compensation fixed on the basis that liability for the injury would be apportioned between the parties due to contributory negligence?

No

Yes  If **yes**, percentage of the apportionment attributed to the injured person.



Please attach terms of Settlement, deed of release or Judgment document confirming how contributory negligence was determined.

24 Total amount of compensation fixed after any apportionment

### Advance payment

25 Have you satisfied the legislative requirements set out on page one?

No

Yes

26 Do you intend to make an advance payment in respect of this compensation?

No

Yes  Amount to be forwarded to Medicare Australia (10% of the total amount of compensation fixed)

### Compensation details

27 Does the amount of compensation fixed (in whole or in part) redeem liability for periodic payments?

No

Yes

28 *Judgment only*—amount of past medical expenses awarded

29 *Judgment only*—amount of past nursing care expenses awarded

30 Amount of future medical costs awarded

31 Amount of future nursing home care costs awarded

### Past benefit details

(from Notice of past benefits or Notice of charge—not applicable to Advance payments)

32 Has a Section 23A statement supported by a statutory declaration been provided?

No

Yes



**Note:** if a Section 23A statement is being provided it must be attached to the Notice of Judgment or Settlement.

33 Amount of past Medicare benefits refundable to Medicare Australia

34 Amount of past nursing home care benefits refundable to Medicare Australia

35 Amount previously paid to Medicare Australia in respect of this claim

36 Total amount refundable to Medicare Australia

### Centrelink payment

37 If applicable, amount payable to Centrelink (under Part 3.14 of the *Social Security Act 1991*)

### Declaration

38 Both parties (or their representative) must sign this declaration. It is an offence to knowingly provide information that is false or misleading.

**I declare that:** the information provided on this form is correct.

Signature of injured person (or their representative)

Date

Family name

First given name

Title or position

Signature of compensation payer

Date

Family name

First given name

Title or position

### Please return this completed form to:

ACT/NSW compensation payers: **Compensation Section  
Medicare Australia  
GPO Box 4104  
Sydney NSW 2001**  
fax **02 9895 3200**

All other compensation payers: **Compensation Section  
Medicare Australia  
GPO Box 2436  
Brisbane QLD 4001**  
fax **07 3004 5406**

For all other queries call: **132 127** (Call charges apply)