

# MEDICAL SERVICES AND TRAVEL 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 EML.

We will pay for reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your work-related injury or illness.

For some services, we 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 we are able to reimburse you for those services.

## PRIVACY

### WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit [www.eml.com.au/privacy](http://www.eml.com.au/privacy)

### **PART A—INFORMATION ONLY (Only Part B needs to be returned to EML)**

#### **REIMBURSEMENT**

Please make sure you have:

- signed the Employee's declaration on page 4 of your claim form

- attached the original (or copy of the original) invoices or receipts for medical or travel costs to your claim form (this includes household help or attendant care services, as well as, the costs for ambulance services, public transport or parking and for accommodation and meals associated with approved travel claims)
- 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
- made a copy of the invoices or receipts for your records.

If you have paid the account, you will be reimbursed by Electronic Funds Transfer (EFT). The payment will be paid into your bank account, and we will post a remittance advice to you. If you have not paid the account, we will make the payment to your service provider.

### **IMPORTANT INFORMATION FOR PAYMENT OF TRAVEL EXPENSES**

We 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, we 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. Please note that the rate per kilometre is specified by Comcare.

Please provide us with a medical certificate if you want to claim for the use of public transport or an ambulance, with your treating doctor's recommendations and reasons for the use of this type of transport.

We will also 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.

In order for us to reimburse you for the costs associated with your travel i.e. accommodation and meals, please provide us with tax invoices/receipts from the service providers involved for these costs.

# MEDICAL SERVICES AND TRAVEL CLAIM FORM



## PART B—RETURN TO EML

### EMPLOYEE TO COMPLETE

<b>Surname</b>	
<b>Given name(s)</b>	
<b>Claim number</b>	
<b>Date of injury</b>	
<b>Residential address</b>	
<b>Contact details</b>	Home:
	Mobile:
	Email:
	Other:

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)	If claiming for household services, please state number of hours claimed	Cost \$	Have you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you made a claim with:		Attached receipt/invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	Private health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

**CLAIM FOR TRAVEL (EXCLUDING ACCOMMODATION AND MEALS)**

*You can claim reimbursement when you travel by private vehicle more than 50 kilometres round trip to a single approved treatment session.*

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) <i>more than 50 kms return</i>	Fare (\$)
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

**EMPLOYEE'S DECLARATION**

I authorise EML 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:

- I have obtained these services in relation to my compensable condition.

I am aware that:

- Giving false or misleading information is a serious offence and could lead to prosecution.
- Any monies paid to me by EML as a result of a false or misleading statement or false or misleading information will be recovered.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_