

INTRODUCTION

This kit is a guide to the Australian health system and will give you most of the information you need to understand how it all works.

The Australian health system is delivered through a partnership of Medicare Australia, the Department of Health and Ageing, state and local government health services and private health organisations and practitioners.

You can find useful information on Australia's health system from the Department of Health and Ageing's web site www.health.gov.au

The following questions will be answered in this kit:

- What is Medicare?
- What are concession cards?
- How do I enrol in Medicare?
- What is the Pharmaceutical Benefits Scheme?
- What is the Australian Childhood Immunisation Register?
- What is the Family Assistance Office?
- What is the Australian Organ Donor Register?

The following registration forms are contained in this kit:

- Medicare Safety Net registration form
- Australian Organ Donor Register registration form

For people where English is their second language:

If you require information in your own language please ask a Medicare officer or call the **Translating and Interpreting Service (TIS) on 131 450**. This is an Australian community service where you can request an interpreter in your language to assist with your enquiry. When you are making an enquiry about our services we will cover the cost of the interpreter from TIS.

For people who are deaf, hearing or speech impaired:

If you require information call the **TTY number 1800 552 152**. When you call a TTY phone number you will need a TTY phone.



Key points to remember

When enrolling in Medicare:

- Please call Medicare on 132 011 to check what documents you need to bring.
- Fill out an enrolment form available from your local Medicare office or Medicare Australia's web site www.medicareaustralia.gov.au
- If you cannot get to a Medicare office or do not have access to the internet, call 132 011.
- If you are a migrant or an applicant for permanent resident status (including applicants for a permanent protection visa) you will need to wait one week after your arrival in Australia before applying for Medicare. When you do apply, remember to take your passport or travel documentation with you.
- For newborn babies, the hospital will usually provide you with a form which you can send to Medicare—enrolling your new baby as soon as you can ensures your child is on the Australian Childhood Immunisation Register and the Medicare Safety Net.

More about Medicare:

- When you first receive your Medicare card, check all the details to make sure that the information recorded is correct.
- Destroy your old Medicare card when you receive a new one.
- Remember to take your Medicare card with you (and your concession card if you have one) when you see a doctor, go to hospital or have a prescription filled at a pharmacy.
- Let Medicare know if you change your address so you will receive replacement Medicare cards and other important information.
- Register your family for the Medicare Safety Net using the form in this kit, at a Medicare office, or online at www.medicareaustralia.gov.au—this is separate from enrolling in Medicare.
- When going to see a specialist make sure you first obtain a referral from a general practitioner and take it along with you.
- Remember to check reciprocal health care agreements and what insurance you need when travelling overseas.

Pharmaceutical Benefits Scheme (PBS):

- Always provide your Medicare or Department of Veteran's Affairs card or card details when you have a PBS prescription filled.
- Always show your concession card if you have one.



- Ask your pharmacist for a prescription record form and keep track of spending for you and your family towards the PBS safety net—your pharmacist might be able to keep a record for you so remember to ask.
- Be sure to tell the doctor and pharmacist about all the medicine you are taking, including over the counter and herbal medicine, as they can interact and cause problems.
- Find out as much as you can from the doctor and pharmacist about any medicines you are taking.
- Ask your doctor or pharmacist if there is a less expensive medicine than the one prescribed.
- Remember that the prescription medicine can only be used by the person and for the purpose it was prescribed for.
- It is illegal to give, send or sell prescription medicine to another person in Australia or overseas. There is also real health risks in people taking medicines not intended for them.
- There are dangers in storing large amounts of medicines in your home—medicines usually have a use by date and there is the risk of accidental poisoning or overdosing.
- There are also restrictions on how often you can have the same medicine supplied.

Australian Childhood Immunisation Register

- Immunisation is a simple, safe and effective way of protecting your child against harmful diseases—ask your doctor or community health service.
- Enrol your child/newborn baby in Medicare as soon as possible—this ensures they are on the Australian Childhood Immunisation Register.

Australian Organ Donor Register

- You can choose to record your wishes in regards to organ and/or tissue donation for transplantation on the register using the registration form or online at www.medicareaustralia.gov.au

MEDICARE

Australia's national health care system is considered one of the fairest and best in the world. A key part of ensuring health care for all eligible people in Australia is Medicare.

Medicare provides universal access to free public hospital care and assistance with doctors' fees. It also helps with the cost of most medicines prescribed by doctors through the Pharmaceutical Benefits Scheme.

Medicare ensures that all Australians have access to free or low-cost medical, optometrical and hospital care while being free to choose private health services.

Medicare provides access to:

- free treatment as a public (Medicare) patient in a public hospital
- free or subsidised treatment by practitioners such as doctors, including specialists, participating optometrists and dentists (specified services only).

Australia's public hospital system is jointly funded by the Australian Government and state and territory governments and is administered by state and territory health departments.

Medicare enrolments and medical benefit payments are administered by Medicare Australia through its network of Medicare offices and other information and claiming services.

Your contribution to the health care system is based on your income and is made through taxes and the Medicare levy.

To use and receive the benefits of Medicare you need to be enrolled.

Am I eligible to enrol?

People who reside in Australia—excluding Norfolk Island—are eligible if they have one of the following:

- Australian citizenship
- a permanent visa
- New Zealand citizenship
- permanent resident status
- applied for certain permanent resident visas
- a valid visa with permission to work in Australia
- a valid visa and a parent, spouse or child who is an Australian citizen
- a valid visa and a parent, spouse or child who is the holder of permanent resident status.



Norfolk Island does not participate in the Medicare program. Australian citizens who have been living in Australia and move to Norfolk Island will be eligible for Medicare on return visits for up to five years.

You might not be eligible for Medicare if you:

- have a current parent visa application being considered or have a current application for a protection visa and have previously applied for a parent visa
- have a temporary prospective marriage visa (fiancé—subclass 300) – you are not eligible for Medicare until you have had an application for a permanent resident visa accepted by the Department of Immigration and Multicultural and Indigenous Affairs.

Reciprocal Health Care Agreements

Medicare benefits are not available for visitors to Australia or for treatment you received overseas; however, the Australian Government has signed Reciprocal Health Care Agreements with New Zealand, the United Kingdom, the Republic of Ireland, Sweden, the Netherlands, Finland, Italy, Malta and Norway. The agreements cover any immediately necessary treatment. For full details of your entitlements under these agreements please visit Medicare Australia's website, a Medicare office or call Medicare.

How do I enrol in Medicare?

You need to apply **in person** at a Medicare office. If you live in an area remote from a Medicare office, call 132 011.

Migrants and applicants for permanent resident status (including applicants for a permanent protection visa)

It is recommended you wait **one week after you arrive** in Australia before applying, to allow time for Medicare to receive your visa details from the Department of Immigration and Multicultural and Indigenous Affairs.

You will need to produce a passport or travel document for each person enrolling in Medicare.

A Medicare officer will assist you with the enrolment procedures. If you need language assistance, the Medicare officer can make arrangements or you can call the Translating and Interpreting Service (TIS) on 131 450.

New Zealand citizens

If you are a New Zealand citizen requesting enrolment as a permanent resident you need to provide both of the following:

- a New Zealand passport with a Department of Immigration and Multicultural and Indigenous Affairs entry stamp into Australia
- documents proving you have severed ties with New Zealand or proving your residency in Australia and in some cases both.

Where it is not possible to prove residency, New Zealand citizens who have been living in New Zealand before coming to Australia are entitled to immediately necessary medical treatment under the Reciprocal Health Care Agreement.

New born babies

To simplify the process for enrolling a newborn baby, the hospital usually can help new parents complete a form to be sent to Medicare. Enrolment will ensure your child is registered on the

Australian Childhood Immunisation Register and the Medicare Safety Net. You can also use a Medicare claim form to enrol your new born baby.

Australian citizens returning from overseas

If you are an Australian citizen who is returning after being overseas for more than five years, you will need to provide:

- proof of your Australian citizenship
- documents to support your residency in Australia or your severing of ties with the previous country of residence and in some cases both.

When will I receive my Medicare card number?

If you meet all enrolment requirements, you will be told your Medicare card number when you enrol. You can use this number in place of your Medicare card until it arrives. Your Medicare card will be posted to you approximately 10 days later. When you receive your Medicare card, check the details to make sure the information recorded is correct.

Having a valid Medicare card is important—Make sure Medicare always has your current address to ensure you receive replacement Medicare cards and other important information.

Have your Medicare card or card number with you when:

- seeing a doctor
- claiming a cash benefit at a Medicare office
- making enquiries when claiming
- when you choose to be treated in hospital as a public (Medicare) patient
- having a prescription filled at a pharmacy.

What does Medicare cover?

The benefits you receive from Medicare are based on a schedule of fees set by the Australian Government. Doctors may choose to charge more than the Schedule fee.

Out-of-hospital services

Medicare provides benefits for:

- consultation fees for doctors and specialists
- tests and examinations by doctors needed to treat illnesses, including X-rays and pathology tests
- eye tests performed by optometrists
- most surgical and other therapeutic procedures performed by doctors
- some surgical procedures performed by approved dentists
- specified items under the Cleft Lip and Palate Scheme.

You can choose the doctor who treats you for services provided out of hospital.

To see a specialist you should first obtain a referral from a doctor in general practice (general practitioner). If you do not have a valid referral you might not receive Medicare benefits or might only receive a reduced amount. You do not need a referral for a consultation with an optometrist.

Medicare usually pays **85 per cent** of the Medicare Schedule fee for out-of-hospital services other than GP services.

In-hospital services

In Australia there are hospitals funded by government, known as public hospitals. There are also private hospitals, some operate for profit, and others operate not for profit.

Public patient

If you choose to be admitted as a public (Medicare) patient in a public hospital, you will receive treatment by doctors and specialists nominated by the hospital. You will not be charged for care, treatment or after-care by the treating doctor.

Private patient

If you are a private patient in a public or private hospital, you will have a choice of doctor to treat you. Medicare will pay **75 per cent** of the Medicare Schedule fee for services and procedures provided by the doctors who have treated you. If you have private health insurance some or all of the outstanding balance can be covered.

You will be charged for hospital accommodation, nursing care and items such as theatre fees and medicines. You may also be charged for allied health services such as physiotherapy. Private health insurance can help cover these costs.

What is not covered by Medicare?

Medicare does not cover:

- private patient hospital costs (for example, theatre fees or accommodation)
- dental examinations and treatment
- ambulance services
- home nursing
- physiotherapy, occupational therapy, speech therapy, eye therapy, chiropractic services, podiatry or psychology except when part of Enhance Primary Care Plan.
- acupuncture (unless part of a doctor's consultation)
- glasses and contact lenses
- hearing aids and other appliances
- prostheses
- medicines (except for the subsidy on medicines covered by the Pharmaceutical Benefits Scheme)
- medical and hospital costs incurred overseas
- medical costs for which someone else is responsible (for example a compensation insurer, an employer, a government or government authority).
- medical services which are not clinically necessary
- surgery solely for cosmetic reasons
- examinations for life insurance, superannuation or membership of a friendly society.

Some of these services are provided free when you are or have been a public patient in a public hospital. Some may be available free or at a low charge from a State government agency—in some cases only to people on low incomes.

You can arrange private health insurance to cover many of these services.

Private Health Insurance

In Australia there are a range of health insurers and different types of health cover.

The Australian Government offers a rebate of up to 30 per cent of the cost of most kinds of private

hospital insurance and lifetime health cover to reward people who take out insurance and keep it. When you go to hospital or day surgery, there are also some arrangements where the doctor's services will be covered by your hospital insurance with no gap amount to pay.

People who earn more than a certain amount are required to pay a higher Medicare levy if they do not have private hospital insurance.

How do I pay my doctor?

Bulk billing

Bulk billing is when your doctor bills Medicare directly, accepting the Medicare benefits as full payment. This means if your doctor bulk bills, you cannot be charged a booking fee, administration fee, a charge for bandages, record keeping or a charge by the doctor's company.

Many doctors bulk bill some of their patients such as pensioners or health care cardholders. If your doctor bulk bills, you will be asked to sign a completed form after the service and will be given a copy.

There are circumstances where more than one service can be provided at the same visit. Your doctor is not required to bulk bill each service.

Accounts

If your doctor charges you a fee, you can pay the full account and then claim the benefit from Medicare.

If your doctor allows you to pay later, you can do one of the following:

- claim your unpaid account from Medicare and receive a cheque made out in the doctor's name which you give to your doctor along with any outstanding balance
- pay the gap straight away, claim your unpaid account from Medicare and send the doctor the cheque made out in their name.

How do I claim from Medicare?

Bulk billing—you do not need to claim from Medicare as your doctor will bill Medicare directly.

Medicare offices—Medicare has 236 offices around Australia where claims can be made either over the counter or using the Medicare drop box. No claim form is needed if you have paid the account and claim over the counter for a cash payment. Just make sure you have your receipt and Medicare card.

Your doctor's practice—where available, you can claim your Medicare benefits electronically from your doctor's practice. If you pay your doctor's fee up-front, you can choose to have your claim processed from the practice and have your benefit paid directly into your financial institution account. Alternatively a cheque will be sent to you by mail.

If you choose to have your benefit paid directly into your account, you will need to provide your financial institution details. It is important your doctor has your correct Medicare number and address details.

By mail—you can send your completed claim form, together with the original accounts and receipts, to Medicare, GPO Box 9822 in your capital city. **Do not send your Medicare card when you claim by mail.**

Telephone—you can call Medicare, give your claim details and then post your receipt and account – no claim form is required. Medicare begins to process the claim while the documents are in the post. You can call 1300 360 460, 24 hours a day, seven days a week.

Medicare Access Points—people living in rural and remote communities have Medicare Access Point facilities in Rural Transaction Centres and some state government agencies, pharmacies, post offices, locally based shops and even service stations. To claim, you speak directly to a Medicare operator who will take down all of your details and begin processing your claims. Your documents are sent to Medicare and once these documents have been verified, the payment will be made.

Medicare two-way—Medicare two-way allows you to lodge your Medicare claim forms at participating private health funds, and to lodge your private health fund claim forms at Medicare offices. Your claim forms will be forwarded to the relevant organisation to be processed in the usual way. Cash will not be paid.

How will Medicare pay my benefit?

Electronically—if you have paid in full for your medical service, your Medicare benefit can be deposited directly into your financial institution account. Electronic payment is faster than payment by cheque through the mail. To receive your payment electronically you will need to provide your account details, including the BSB (branch identification number). Medicare claiming is strictly confidential. Your bank details will only be used to deposit your Medicare benefit.

Cash—if you have paid in full for your medical service and you claim at a Medicare office, you can request payment by cash (up to the branch cash limit).

Cheque—if you have not fully paid the account for your medical service, or you do not wish to receive your Medicare benefit electronically or in cash, a cheque will be sent to you by mail. For accounts that have not been paid, a cheque will be sent to you made out in your doctor's name. You should give the cheque to your doctor along with any outstanding balance.

What is the Medicare Safety Net?

If you need to see doctors or have medical tests regularly it could cost you a lot of money. The Medicare Safety Net helps you when you need it most. Once you reach a safety net threshold, visits to your doctor or medical tests will cost you less. See the separate Medicare Safety Net information sheet and registration form for more details.

For more information on Medicare

Visit a Medicare office, or

Call: 132 011
TIS: 131 450 (Translating and interpreting service)
TTY: 1800 552 152 (hearing and speech impaired)
Email: medicare@medicareaustralia.gov.au
Internet: www.medicareaustralia.gov.au
Write to: Medicare, GPO Box 9822 in your capital city

Medicare Safety Net

—more choices for you and your family

Register your family now!

If you need to see doctors or have medical tests regularly you could end up with high medical costs. The Medicare Safety Net helps you when you need it most. Once you reach a safety net threshold, visits to your doctor or having tests may end up cost you less.

If you see a doctor who bulk bills it will still be free.

The safety net only covers **out-of-hospital expenses**. Any services which you may have when you are in hospital are not covered by the Safety Net.

How do I register?

All families and couples need to register by filling in the form attached to this page. Even if all of your family is listed on your Medicare card, you still need to register for the safety net.

What happens next?

Each time you pay to visit a doctor, you should keep the receipts and give them to Medicare will do the rest. When you reach the safety net, you may pay less for the rest of the calendar year. Medicare will write to you when you are nearing a threshold.

What are the benefits for me?

As an example:

The doctor charges you _____	\$50.00
You will get back the normal Medicare Benefit _____	-\$30.85
So the cost to you is _____	\$19.15
When you reach the safety net, Medicare will pay an extra 80% of the cost to you.	
So if the cost to you is _____	\$19.15
You will get back 80% of 19.15 _____	-\$15.35
So the final cost is only _____	\$3.80

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What are the thresholds?

The safety net thresholds are not means tested, which means it does not matter how much money you earn or what you own. There are three thresholds which are calculated differently.

Threshold	Who it is for?	How is it calculated?	Benefit to you
\$335.50	All Medicare card holders	Based on gap amount	100% of schedule fee
\$306.90*	Commonwealth concession card holders Families receiving FTB (A)	Out-of-pocket costs	80% of out-of-pocket costs
\$716.10*	All Medicare card holders	Out-of-pocket costs	80% of out-of-pocket costs

* This figure is adjusted in line with the Consumer Price Index (CPI) on 1 January each year.

Out-of-pocket costs—the difference between the Medicare benefit, and what the doctor charges you.

Gap amount—the difference between the Medicare benefit and the Schedule fee.

Schedule fee—a fee for service set by the Australian Government.

What services count towards the safety net?

Some examples of services where costs count toward the safety net are:

- GP and specialist consultations
- ultrasounds
- CT scans
- blood tests
- x-rays
- pap smears

For more information

Call Medicare on 132 011 or visit your local Medicare office
 TIS 131 450 (Translating and Interpreting Service)
 TTY 1800 552 152 (hearing and speech impaired)
 Email medicare@medicareaustralia.gov.au
 Internet www.medicare.gov.au



Medicare Safety Net family registration form

Please fill in the form and mail to GPO Box 9822 in your capital city or lodge at your local Medicare office.

Section 1 Your registration details

1. What is your Medicare number?

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2. What is your name? You will be the person we contact for your family's safety net.

Title e.g. Mr/Mrs Family name

First name

Second initial

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Are you of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

3. What is your current mailing address?

4. What is your daytime telephone number

Postcode

()

These details will be used to update your Medicare records.

Section 2 Spouse details

Medicare Safety Net recognises a spouse as being a person legally married and not separated, or a man and a woman in a de facto relationship.

What is your spouse's Medicare card number?

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What is your spouse's name?

Title e.g. Mr/Mrs Family name

First name

Second initial

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Is this person of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

Section 3 Dependant details

A dependant is a child under 16 years or a full-time student under 25 years whom you support.

Family name

First name

Second initial

Medicare card number

Child under 16

Student under 25

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Is this person of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

Family name

First name

Second initial

Medicare card number

Child under 16

Student under 25

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Is this person of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

Family name

First name

Second initial

Medicare card number

Child under 16

Student under 25

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Is this person of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

Family name

First name

Second initial

Medicare card number

Child under 16

Student under 25

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Is this person of Aboriginal or Torres Strait Island origin?*

Yes—Aboriginal
 Yes—Torres Strait Islander
 No

*For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

The Aboriginal and Torres Strait Islander question is voluntary. This information will be used to improve government health programs and outcomes for Indigenous people. You can have this information removed from your Medicare records at any time by calling the Aboriginal and Torres Strait Islander Access line on 1800 556 955 or by visiting your nearest Medicare office.

Privacy note: The information collected on this form will be used to determine Medicare Safety Net benefits and its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing, Department of Human Services, Centrelink, and other relevant agencies or as authorised/required by law. Information about medical expense totals may also be disclosed to other family members for the monitoring of family safety net entitlements.

PHARMACEUTICAL BENEFITS SCHEME

The Pharmaceutical Benefits Scheme (PBS) provides all Australian residents with access to necessary medicines at affordable prices.

PBS medicines are also available to eligible visitors from countries with which Australia has reciprocal health care agreements—the United Kingdom, Republic of Ireland, Finland, Italy, Malta, the Netherlands, New Zealand, Sweden and Norway.

How much should I pay?

Most medicines available on prescription are subsidised under the PBS. Many cost the Australian Government much more than the price you pay—some cost hundreds of dollars—but the Government provides a subsidy so that you pay much less.

PBS medicines are prescribed by doctors who will give you a prescription to take to the pharmacy. You receive a subsidy through the price you pay when you have the prescription filled. If you hold a concession card issued by Centrelink or the Department of Veterans' Affairs you receive an additional Government subsidy on the medicine.

See the separate patient contribution and safety net threshold information sheet for details on prices you should pay for PBS medicines.

If a doctor prescribes a medicine which is not listed under the PBS or you do not meet the restrictions for a particular medicine, you will need to pay the full price.

As a public (Medicare) patient in a public hospital you will not be charged for medicines provided in the hospital, **except** when the hospital gives you a prescription when you leave the hospital.

What do I need?

You will need to provide your **Medicare or Department of Veterans' Affairs card** or card details every time you have a prescription filled. If you have a concession card, you will need to show it to receive the additional subsidy. This is to ensure that only people entitled to PBS medicines receive them at the subsidised price.

What are concession cards?—eligible concession cards are those issued by either Centrelink or the Department of Veterans' Affairs including:

- pensioner cards
- health care cards

- Commonwealth seniors' health cards
- Department of Veterans' Affairs entitlement cards (gold, white and orange).

If you forget your card or card details, talk to the pharmacist about what you need to do.

Why do I sometimes pay more?

Some medicines for the same condition cost more than others. If your doctor prescribes a more expensive medicine, you will need to pay the difference in price between this medicine and the lowest priced one. The extra you pay does not count towards the PBS Safety Net.

Talk to your doctor or pharmacist about generic brands—generic brands are a genuine alternative to original brands and can save you money. They are identical or bioequivalent to original brands in dosage (tablet, solution), strength, method of administration (mouth, injection), quality, safety and performance characteristics of intended use. Generic brands are also subject to the same regulatory requirements by the Therapeutic Goods Administration (TGA) and are often less expensive than original brands.

What is the PBS Safety Net?

If you or your family need a lot of medicines in a calendar year, the PBS Safety Net helps you with the cost of medicines.

Once you or your family reach the general or concession safety net threshold, your PBS medicines will be less expensive (or free) for the rest of the calendar year.

A family can include a spouse or de facto spouse, children under 16 years in your care, and full-time dependent students under 25 years.

See the separate patient contribution and safety net threshold information sheet for details on how much you should pay for medicines under the PBS and the safety net thresholds you will need to reach for the PBS Safety Net.

To obtain your Safety Net card, you may need to show the pharmacist your Medicare card.

How do I keep a record of PBS Medicines?

Ask your pharmacist for a prescription record form, and each time you or your family have a PBS prescription filled, hand the form to the pharmacist so the details can be recorded. You should use a prescription record form for community pharmacies and if required, a separate one for hospital pharmacies.

Need help with recording your PBS Medicines?—If you always go to the same pharmacy to obtain your PBS medicines, your pharmacist might be able to keep a record of your PBS Medicines for you. Talk to the pharmacist about this.

Safe use of medicines

Medicines purchased under the PBS must be used for the purpose prescribed by the doctor. Only the person the prescription was written for should use the medicine.

It is **illegal** to take or send overseas, medicines subsidised by the PBS, unless they are for personal use. If you take PBS medicines overseas, obtain a letter from your doctor explaining your need to carry these. It is important to check if there will be any problem in taking your medicines into the countries you will be visiting.

It is **illegal** to obtain PBS medicines for another person unless you are authorised to do so, or to give or sell PBS medicines to another person in Australia or overseas. There are also real health risks in giving people your medicines or in taking medicines not intended for you.

There are dangers in storing large amounts of medicines in your home. Medicines usually have a 'use by' date and there is the risk of accidental poisoning or overdosing. There are also restrictions on how often you can have the same medicine supplied.

Keep all medicines out of the reach of children.

Talk to your doctor or pharmacist—find out as much as you can about your medicines. Ask about possible side effects, how and when to take your medicine and any precautions you should be aware of—for example, not drinking alcohol or driving when taking certain medicines.

For more information on PBS

Visit any Medicare office, or

Call: 1800 020 613
TIS: 131 450 (Translating and Interpreting Service)
TTY: 1800 552 152 (hearing or speech impaired)
Write to: PBS, GPO Box 9826 in your capital city
Email: pbs@medicareaustralia.gov.au
Web site: www.medicareaustralia.gov.au

PHARMACEUTICAL BENEFITS SCHEME

Patient contribution and safety net threshold amounts

The tables below provide information on how much you should pay for medicines under the Pharmaceutical Benefits Scheme (PBS) and the safety net thresholds you will need to reach for the PBS Safety Net.

PBS Contribution amounts	1 January 2004-5
Concession card holders	\$4.60*
General patients	\$28.60*

PBS Safety Net	1 January 2004-5
Concession card holders <ul style="list-style-type: none">Threshold (recorded PBS Medicines)Contribution under the safety net	\$239.20* \$4.60*
General patients <ul style="list-style-type: none">Threshold (recorded PBS Medicines)Contribution under the safety net	\$874.90* \$4.60*

* These figures are adjusted annually, and do not cover additional costs on more expensive brands/medicines.

For more information

See the separate PBS information sheet for more details on the program and the safe use of medicines.

You can also visit any Medicare office, or

Call: 1800 020 613
TIS: 131 450 (Translating and Interpreting Service)
TTY: 1800 552 152 (hearing or speech impaired)
Write to: PBS, GPO Box 9826 in your capital city
Email: pbs@medicareaustralia.gov.au
Web site: www.medicareaustralia.gov.au

AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER

The Australian Childhood Immunisation Register records details of vaccinations given to children under the age of seven who live in Australia.

The Immunisation Register provides you and health professionals with many benefits, such as:

- an immunisation history statement when your child turns one, two and five years
- documents to help with eligibility for some family payments
- the option of getting a copy of your child's immunisation details at any time
- the ability to track immunisation levels in Australia to help health professionals monitor disease outbreaks.

Why is immunisation so important?

Immunisation is a simple, safe and effective way of protecting your child against harmful diseases including diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella, Haemophilus Influenzae type b (Hib), hepatitis B and meningococcal C.

All these diseases can cause serious complications and sometimes death.

Immunisation will help your child to grow up healthy in Australia because it reduces the risk of serious diseases. If your child has not been immunised or has missed a vaccination, it is easy to catch up. Just ask your doctor or immunisation provider for advice.

Where can I have my child vaccinated?

Vaccinations can be provided by your doctor, immunisation clinic, local council and by some hospitals.

How do I enrol my child on the Immunisation Register?

Children less than seven years enrolled in Medicare are automatically included on the Immunisation Register. Children who are not eligible to enrol in Medicare can be added when a doctor or immunisation provider sends the details of a vaccination to the Immunisation Register.

If you have started your child's immunisation program in another country, you can provide your doctor or immunisation provider with a record of vaccinations to ensure your child is up to date with immunisation. Written translations of the record of vaccinations might be necessary.

How is information recorded on the Immunisation Register?

Information about your child's vaccinations is sent by the doctor or immunisation provider to make sure the

Immunisation Register is up to date. You can check with your doctor or immunisation provider to make sure the details are sent to the Immunisation Register as soon as possible after the vaccination has been given.

How will the Immunisation Register help me keep track of my child's vaccinations?

An immunisation history statement will be sent to you when your child turns one, two and five years or if you ask for one. Information about your child's immunisation details recorded on the Immunisation Register, and any immunisations that are missing for your child, will be included on the statement.

A history statement can be requested at any time by calling the Immunisation Register on 1800 653 809 or by visiting the Immunisation Register's website at www.medicareaustralia.gov.au

The history statement will be sent to the most recent address recorded on the Immunisation Register. To make sure you receive your child's statement, it is important to let Medicare and your immunisation provider know if you change your address.

Will my child's immunisation status affect family payments?

Your child has to be up to date with immunisations, or have an exemption for you to receive family payments such as the Child Care Benefit and the Maternity Immunisation Allowance.

Your child's immunisation status (as recorded on the Immunisation Register) is checked before family payments can be made. If your child's immunisation status is not up to date, you will be asked to submit an immunisation history form completed by your doctor or immunisation provider to confirm your child is up to date with immunisations, or obtain an exemption.

You can also arrange for a catch-up program if further vaccinations are required.

When do exemptions apply?

Exemptions apply when:

- your child cannot be immunised due to a medical condition (ask your doctor or immunisation provider to complete a Medical Contraindication form)
- your child has a natural immunity to a disease or a vaccine is unavailable (ask your doctor or immunisation provider to give you a letter explaining the reasons)
- you have a personal, philosophical or religious belief that immunisation should not occur (ask your doctor or immunisation provider to complete a Conscientious Objection form).

Medical Contraindication and Conscientious Objection forms are available from Medicare offices and most immunisation providers. The forms are also available on Medicare Australia's website at www.medicareaustralia.gov.au

For more information about the Immunisation Register

Visit any Medicare office, or

Call: 1800 653 809
TIS: 131 450 (Translating and Interpreting Service)
TTY: 1800 552 152 (hearing or speech impaired)
Write to: The Australian Childhood Immunisation Register, GPO Box M933 Perth WA 6843
Email: acir@medicareaustralia.gov.au
Website: www.medicareaustralia.gov.au

For more information about childhood immunisation—call the Immunisation Infoline 1800 671 811 or visit the Immunise Australia Program website www.immunise.health.gov.au

FAMILY ASSISTANCE OFFICE

The Family Assistance Office is an initiative of the Australian Government to give Australian families better access to a range of government payments and services.

The Family Assistance Office operates in over 550 offices throughout Australia, including Medicare offices, Centrelink Customer Service Centres, and Tax Office shopfronts.

The main payments and services provided by the Family Assistance Office include:

- Family Tax Benefit Part A
- Family Tax Benefit Part B
- Child Care Benefit
- Maternity Allowance
- Maternity Payment
- Maternity Immunisation Allowance.

At any Medicare office, Family Assistance Office customers are able to:

- make enquiries
- lodge forms for all Family Assistance Office related payments
- notify a change of their circumstances
- collect information
- make appointments with Family Assistance Office staff (for complex enquiries or interviews)
- discuss how changes in income might affect their entitlements
- obtain information to help choose the best payment option for them.

Medicare offices provide Family Assistance Office services from Monday to Friday. Each office has information to help you better understand the payments described below and access to other Family Assistance Office information.

Family Tax Benefit Part A

Family Tax Benefit Part A is a payment to help families with the cost of raising children. The payment is paid for dependent children up to and including 20 years of age, and for dependent full-time students aged 21 to 24 (who are not getting Youth Allowance or similar payments such as Austudy or Veterans' Children Education Supplement). Family Tax Benefit Part A is calculated based on your combined family income.

Family Tax Benefit Part B

Family Tax Benefit Part B gives extra assistance to families who have one main income, including sole parents. There is additional assistance for families with children under five years of age.



Family Tax Benefit Part B is paid for a dependent child under 16 years or for a dependent full-time student up to the age of 18 (who does not get Youth Allowance or a similar payment). For two-parent families the secondary earner's income (the partner earning the lesser amount) is taken into account to work out how much Family Tax Benefit Part B your family is entitled to. Single parents receive the maximum rate of Family Tax Benefit Part B, regardless of income.

Child Care Benefit

Child Care Benefit assists families with the cost of child care. Families can qualify for Child Care Benefit if they are using either approved or registered child care. Families can choose to receive their Child Care Benefit for approved care as reduced child care fees or as a lump sum at the end of the income year.

Approved care includes long day care, family day care, in-home care, outside school hours care, vacation care and some occasional care services. Services are approved to accept your Child Care Benefit on your behalf so you pay less in child care fees. Families using approved care may need to provide an income estimate.

Registered care is child care provided by grandparents, relatives, friends or nannies. It can also include some care provided by private pre-schools, kindergartens and outside school hours care services.

Child Care Benefit for registered care can only be claimed if the carer is registered with the Family Assistance Office and only after the care has been received. The benefit can only be claimed after your child care receipts have been lodged with the Family Assistance Office within 12 months from the date of your child care receipts. Families using registered care do not need to provide an income estimate.

The amount of Child Care Benefit a family can get will depend on the type and amount of care used and whether the care is for work or non work-related purposes.

Maternity Allowance (for children born before 1 July 2004)

Maternity Allowance is money to help with the extra costs of a new baby. To claim Maternity Allowance, you must be eligible for Family Tax Benefit Part A within 13 weeks of your baby's birth or within 13 weeks of a baby being entrusted into your care and are likely to continue to care for the child for no less than 13 weeks. Maternity Allowance may also be paid to adoptive parents who have a child entrusted to their care before the child is 26 weeks of age.

A claim form must be lodged with the Family Assistance Office within 26 weeks of the baby's birth or in the case of adoption within 26 weeks of the baby coming into your care.

Maternity Payment (for children born on or after 1 July 2004)

Maternity Payments is money to help with the extra costs of a new baby. It is paid for each child born on or after 1 July 2004 to eligible families regardless of income and assets. Maternity Payment may be paid to birth parents, or to families who have care of a child within 13 weeks of the child's birth and are likely to continue to care for the child for no less than 13 weeks.

Maternity Payment may also be paid to adoptive parents who have a child entrusted to their care before the child is 26 weeks of age.

To be eligible for Maternity Payment, families must be eligible for Family Tax Benefit (except on the basis of income). This includes having care of a dependent child and meeting the Australian residency requirements for family assistance purposes.

Maternity Immunisation Allowance (for children born on or after 1 January 2003)

Maternity Immunisation Allowance is a separate payment for a child aged between 18 and 24 months who has been fully immunised or who is on a recognised catch up schedule or has a valid exemption. Claims must be lodged before the child turns two years of age.

Maternity Immunisation Allowance is a one off payment usually made in the child's nineteenth month and is not income or assets tested.

To be eligible for Maternity Immunisation Allowance, families must be eligible for Family Tax Benefit (except on the basis of income). This includes having care of a dependent child and meeting the Australian residency requirements for family assistance purposes.

Families with a child born between 1 July and 31 December 2002 may still be eligible to receive Maternity Immunisation Allowance under the previous arrangements provided you claim before the child turns 2 years of age.

Method of Payment

There are a number of ways to receive Family Tax Benefit, and most families will be able to choose how they receive this. To find out more and to discuss your particular circumstances visit a Family Assistance Office site.

For more information

You can contact the Family Assistance Office by visiting any Medicare office, Centrelink Customer Service Centre, Tax Office shopfronts, or

Call: 136 150* between 8.00 a.m. and 8.00 p.m. (local time) Monday to Friday.

Website: www.familyassist.gov.au

TTY: 1800 810 586* (free call).

If you require more information in a language other than English, call the Family Assistance Office multilingual hotline on 131 202*.

Calls from public pay phones or mobile phones will be charged at a higher rate.

*Call costs 25 cents from anywhere within Australia.

AUSTRALIAN ORGAN DONOR REGISTER

Australian Organ Donor Register, provides a simple way for people to record their intention to become an organ and/or tissue donor. The purpose of the Donor Register is to raise the profile and awareness of the benefits of organ and tissue donation in Australia.

Why should I consider donating organs and tissue?

For many Australians with life-threatening or serious illnesses, organ or tissue transplantation may mean another chance at life, or an improved quality of life. More than 30,000 Australians have received transplants in the last 60 years and improved survival rates now mean that most recipients of organs or tissue can look forward to many years of productive life. Recording your intentions on the Donor Register is simple and straightforward. By doing so, you could save or improve the lives of up to ten other people.

Who can join the Donor Register?

Although age and medical history may be considered at the time of donation, these are not a barrier to a person recording their details on the Donor Register. Older people can donate some organs and tissue.

How do I record my intentions on the Donor Register?

Recording your intentions on the Donor Register is voluntary. You can record your intentions by:

- completing and sending the enclosed form
- visiting a Medicare office
- completing the online registration form or completing a downloadable form at www.medicareaustralia.gov.au
- calling **1800 777 203**.

You can choose which organs and tissue you would like to donate. You can donate all organs or choose from:

- organs, including kidneys, heart, lungs, liver and pancreas
- tissue, which includes heart valves, bone tissue, skin tissue and eye tissue.

How can I change the details recorded on the Donor Register?

If at any time you change your mind about your donation, you can change the information recorded on the Donor Register by calling **1800 777 203** during business hours.

Why should I discuss donation with my family?

Although your intention to be an organ donor can be recorded on the Australian Organ Donor Register, it is important to discuss your wishes with your family or next of kin to ensure your wishes can be given effect.

When can organ and tissue donation occur?

Organ and tissue donation for transplantation can only occur if a patient dies under certain circumstances, following brain death in a hospital. Brain death is different to a coma. A patient in a coma is unconscious because their brain is injured in some way, but the brain continues to work and may heal. Medical tests can clearly show the difference between brain death and coma. Brain death must be established by two senior doctors who are not involved in transplantation.

It is not necessary to die in a hospital to be considered as a tissue-only donor. Tissue donation can take place after circulatory death has occurred. This is when the heart has stopped without the prospect of recovery.

How are organs and tissue removed?

The removal of organs is no different to other surgical operations, and is performed by highly skilled surgeons. The donor is treated with respect and dignity at all times. The donation of organs and tissue does not alter the physical shape of the body.

For more information about the Australian Organ Donor Register

Visit any Medicare office, or

Call: 1800 777 203
TIS: 131 450 (Translating and Interpreting Service)
TTY: 1800 552 152 (hearing or speech impaired)
Write to: GPO Box 711 Hobart TAS 7001
Email: aodr@medicareaustralia.gov.au
Website: www.medicareaustralia.gov.au

For more information about organ and/or tissue donation—please contact any of the following organisations:

National:
Australians Donate
22 Albert Road
South Melbourne VIC 3205
Ph: 03 96960651

Australian Capital Territory:
ACT Organ and Tissue Donation Service
PO Box 11
Woden ACT 2606
Ph: 02 6244 3071

Website: www.organdonation.org.au

Australian Kidney Foundation
"Kidney Care"
Ph: 1800 682 531 (free call)
Or the Australian Kidney Foundation in your capital city

New South Wales:

LifeLink
Organ Donation Network NSW/ACT
Australian Red Cross Blood Service
153 Clarence Street
Sydney NSW 2000
Ph: 02 9229 4003

Victoria and Tasmania:

Victorian Organ Donation Service - LifeGift
Australian Red Cross Blood Service
538 Swanston St
Carlton VIC 3053
Ph: 1300 133 050
(number restricted to Victoria and Tasmania callers only)

Queensland:

Queenslanders Donate
Princess Alexandra Hospital
Ipswich Rd
Woolloongabba QLD 4102
Ph: 07 3240 2350

Western Australia:

Donate West
6th floor, Albert Facey House
469 Wellington Street
Perth WA 6000
Ph: 08 9222 0222

South Australia:

South Australian Organ Donation Agency
10 Pulteney St
Adelaide SA 5000
Ph: 08 8207 7117

Northern Territory:

LifeNet NT
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Ph: 08 8922 8786

Australian Organ Donor Register



Australian Government
Medicare Australia



New registration or change of details

Please **register** me on the Australian Organ Donor Register

Please **change** my details on the Australian Organ Donor Register

Registration number (if known)

R - -

Registration details

Medicare card number

Reference number

Title (eg. Mr/Mrs/Ms/Miss)

First name Second initial

Last name

Date of birth

Sex Male Female

Postal address

Suburb/town

State Postcode

Is this your permanent postal address? Yes No If 'Yes' Medicare records will be updated to reflect this.

Daytime phone number ()

Email address @

When your registration on the Australia Organ Donor Register is processed a confirmation letter will be sent to your nominated postal address.

Organ and tissue donation

I wish to register my consent to donate the following organs and tissue for transplantation, in the event of my death:

Tick 'All' or as many as apply

All Bone tissue Eye tissue Heart
 Heart valves Kidneys Liver
 Lungs Pancreas Skin tissue

I do not wish to be an organ and/or tissue donor

I am registered on the Donor Register and no longer wish to be an organ or tissue donor

Statement

I give my permission for all the details I have provided to be included on the Australian Organ Donor Register.

I have discussed this consent with my family, partner or friend. I am aware I can change these details at any time.

Signature

Date

Remember to talk to your family about your decision to donate

Returning the form

To return your completed form, please:

- leave it at your nearest Medicare office; or
- seal and send reply paid; or
- fax to **03 6215 5693**

For enquiries please call: **1800 777 203**

Privacy note

The establishment of the Australian Organ Donor Register (the Donor Register) is authorised by a service arrangement under subsection 7(2) of the *Medicare Australia Act 1973*. The information you provide on this form will be used to record your consent to organ and tissue donation for transplantation (or your intent if aged 16 or 17 years) on the Donor Register. Provision of your Medicare number is voluntary and will be used to access your most recent enrolment details as held on the Medicare enrolment file. It will not be used for any other purpose. The information on the Donor Register will be available to authorised personnel in the organ and tissue donation network who have signed confidentiality agreements covering your personal information.

- Tick this box if other members of your family would like to register. You will be sent another form allowing up to four people who live at the same address to register.

CHARTER OF CARE...OUR SERVICE CHARTER

Medicare Australia is an Australian Government statutory authority that supports the delivery of quality health care in Australia. Our purpose is to improve Australia's health through payments and information.

Our service charter, which is called Charter of Care, outlines our obligations and standards of service and is available from Medicare offices or by calling one of the numbers at the end of this information sheet.

What we do

Our key activities include processing and paying government benefits for a range of services including Medicare and the Pharmaceutical Benefits Scheme. We also manage a number of health-related programs including the Australian Childhood Immunisation Register and the Australian Organ Donor Register.

Our commitment to you

We aim to continuously improve our role as a service organisation by remaining customer focused and being responsive to your expectations. Our aim is to be responsive to the needs of customers from culturally and linguistically diverse backgrounds. If you need help with English, we encourage you to access an interpreter from the Translating Interpreting Service on 131 450. We pay the cost of the interpreter. If you visit our office and would like an interpreter, please ask our staff and we will find one for you.

Your rights when dealing with us

In your dealings with us you have a right to:

- fair and unbiased treatment
- privacy and confidentiality
- an explanation about a decision that affects you
- appeal a decision and have it reviewed.

You can help us serve you better by providing us with the correct information and documents. Always ensure Medicare knows your current address so you can receive replacement Medicare cards and other important information.

If you are not satisfied

We aim to settle most problems during your first contact with us. If this is not possible, you will be referred to a manager responsible for resolving your complaint. If you are still not satisfied, you can appeal in writing to the state manager who will review the decision.



If you are still not satisfied, you can contact the Commonwealth Ombudsman for an external review of your complaint by calling 1300 362 072 (cost of a local call), or by internet at www.comb.gov.au

How is my personal information protected?

The confidentiality of personal information you provide to Medicare Australia is protected by legislation. Staff members are prevented from giving out your personal information to any other person, except where you have authorised the disclosure of that information, or where strict exemptions apply. Penalties, including fines and imprisonment, apply for breaches of legislation.

Medicare Australia takes its obligations to maintain personal privacy seriously. Staff are regularly reminded of their responsibilities regarding the confidentiality of information held. Statistical information is only provided where we are satisfied that the information will not enable the identification of an individual.

Our service standards

We are committed to responding to you quickly and efficiently and aim to meet set standards when providing services to you.

Please note Medicare Australia is directed by the Australian Government to release payments no earlier than the number of days indicated.

An important note

- For cheque claims allow for Australia Post delivery times.
- For electronic funds claims allow an additional three working days for processing by banking institutions.

Medicare enrolment

In order to establish your eligibility to enrol in Medicare, **you will be required to provide the appropriate documentation.**

- If you go to a Medicare office your application will be processed and your card issued within 3 weeks.
- If you live in an area remote from a Medicare office, or there are genuine reasons for not being able to attend, you may submit your application together with your reasons to GPO Box 9822 in your capital city, with original or certified copies of identification and eligibility documentation. By mailing your application with the appropriate documentation, your application will be processed and your card issued within 3 weeks.

Medicare claims payment

Claims payments standards relate to the time it takes us to issue a payment and when correct documentation is provided.

For claims made manually

- Paid accounts will be reimbursed by cash on the day at a Medicare office (daily cash limits apply).
- Alternatively, paid accounts will be reimbursed electronically to your nominated account (not available for credit card or pass book accounts) within three days of lodgement or by cheque issued 10 days after lodgement.
- Claims for unpaid General Practitioner (GP) accounts will be reimbursed by cheque made out to the doctor. The cheque will be issued to you 16 days after lodgement.
- Claims for other unpaid accounts will be reimbursed by cheque made out to the health provider. The cheque will be issued to you 18 days after lodgement.
- Simplified Billing Claims will be reimbursed electronically to your nominated health fund and/or billing agent within 10 days after lodgement.

For claims made electronically

- Paid accounts will be reimbursed electronically to your nominated account (not available for credit card or passbook accounts) within three days of lodgement or by cheque issued to you within 10 days after lodgement.

- Claims for unpaid GP accounts will be reimbursed by cheque made out to the doctor and issued to you 14 days after lodgement.
- Claims for other unpaid accounts will be reimbursed by cheque made out to the health provider. The cheque will be issued to you 15 days after lodgement.
- Simplified Billing Claims will be reimbursed electronically to your nominated Health Fund and/or Billing Agent within 10 days after lodgement.

Pharmaceutical Benefits Scheme patient claims.

When correct documentation is provided the following applies.

- Cash payments for eligible patient refunds will be paid on the day at a Medicare office (cash limits apply).
- Cheque payments for eligible patient refunds will be issued within 28 days of lodgement.

Medicare office counter service

- We aim to keep queue waiting times below 10 minutes.

Telephone response

We aim to answer your telephone calls within 30 seconds and resolve your enquiry during the call. If we need to refer your query, a staff member will contact you as soon as possible and within 2 days to advise of its progress (if it has not yet been resolved).

Replies to written correspondence

We will respond to you as quickly as possible and within 28 days of receipt when you:

- write to us
- ask for information
- seek a decision
- lodge an objection.

If we cannot meet the 28-day standard we will acknowledge your correspondence within 14 days and advise who the contact will be for information.

For more information

Visit any Medicare office, or

Call:	Medicare	132 011
	Pharmaceutical Benefits Scheme	1800 020 613
	Australian Childhood Immunisation Register	1800 653 809
	Australian Organ Donor Register	1800 777 203
TIS:	(Translating and Interpreting Service)	131 450
TTY:	(hearing or speech impaired)	1800 552 152
Write to:	Medicare, GPO Box 9822 in your capital city	
	PBS, GPO Box 9826 in your capital city	
	Australian Childhood Immunisation Register, GPO Box M933 Perth WA 6843	
	Australian Organ Donor Register, GPO Box 711, Hobart TAS 7001	
Email:	medicare@medicareaustralia.gov.au	pbs@medicareaustralia.gov.au
	acir@medicareaustralia.gov.au	aodr@medicareaustralia.gov.au
	medicareaustralia@medicareaustralia.gov.au	
Website:	www.medicareaustralia.gov.au	