



External breast prostheses reimbursement claim

Important information

What is the external breast prostheses reimbursement program?

This Australian Government initiative provides reimbursement of up to \$400 for a new or replacement external breast prosthesis for Australian women who have had a mastectomy as a result of breast cancer.

What am I able to claim?

You can claim a reimbursement for new and replacement external breast prostheses purchased from 1 July 2008.

Can I claim other items?

No. The program does not cover other purchases such as bras, mastectomy swimwear or internal prostheses. External prostheses purchased before 1 July 2008 cannot be claimed.

Who can claim the reimbursement?

All women who are permanent residents of Australia, have a current Medicare entitlement and have had a mastectomy as a result of breast cancer are eligible to claim the reimbursement. The mastectomy may be recent or in the past.

Exceptions

If you currently receive financial assistance from the Department of Veterans' Affairs (DVA) you must claim your entitlement through DVA.

How much is the reimbursement?

A reimbursement of up to \$400, every two years, can be claimed for each new or replacement external breast prosthesis, depending on the cost of the prosthesis.

Example: If you had a bilateral mastectomy and have purchased two prostheses at a total cost of \$800, your reimbursement amount is \$800[†]. If the cost of your purchase was \$600, the reimbursement amount is paid up to the total cost of \$600[†].

Example: If you have purchased a single prosthesis at a cost of \$500, the reimbursement amount is \$400[†].

Can I claim the reimbursement if I have received a refund from my private health fund or financial assistance from a state or territory program?

Yes, if you received less than the full purchase cost and if the refund or financial assistance is less than the reimbursement limit.

The amount of your reimbursement will be reduced by the amount already received.

Example: If you have already received a refund of \$200 from your health fund or state or territory program, the \$200 is subtracted from the reimbursement limit of \$400 per prosthesis. You will be able to claim a reimbursement of \$200.

How often can I claim a reimbursement?

After an initial claim you can make a further claim no earlier than two years from the date of the last purchase of each prosthesis for each breast.

How is the reimbursement paid to me?

All reimbursements are made by Electronic Funds Transfer (EFT) to the bank account nominated on the claim form. You will receive a statement at your nominated postal address listing the amount deposited into your account.

Assistance

If you need assistance completing this form or require further information about the external breast prostheses reimbursement program call **132 011** (call charges may apply) or go to **www.medicareaustralia.gov.au > For individuals and families > External breast prostheses reimbursement program**

Lodgement

Send the completed form to:

Medicare Australia
GPO Box 9822
Perth WA 6848

or hand in at any Medicare office.

[†] Subject to other refunds or financial assistance paid to you.



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Attach the original receipt that includes a description of the purchase.

Print in **BLOCK LETTERS** Tick where applicable

Claimant's details – the person who received the prosthesis

1 Medicare card number - - Ref no.

2 Full name

3 Prosthesis – tick one or both Left breast Right breast

4 Postal address
Postcode

5 Do you want this recorded as your permanent postal address? No Yes

6 Daytime phone number ()

7 Email (optional)
@

Bank account details

8 Have you previously supplied your bank account details to Medicare Australia? Yes **Go to 10** No *Go to next question*
Payments cannot be made to credit card, loan or mortgage accounts.

9 Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB) -

Account number

Account held in the name(s)

10 Have you received a refund or financial assistance[†] from a private health fund or a state or territory program for the prosthesis(es) you are claiming?

No **Go to 11**

Yes Indicate amount received in applicable box:

Private health fund	\$
State or territory program	\$
Other	\$

[†] The amount of your reimbursement will be reduced by the amount refunded or financial assistance already received.

Declaration

11 I declare that:

- I have read the important information on the reverse side of this form
- I have had mastectomy surgery as a result of breast cancer
- the amount claimed has been paid
- I am not eligible to claim financial assistance from the Department of Veterans' Affairs for the purchase
- I am claiming a reimbursement for the purchase of external breast prosthesis(es)
- the information on this claim is correct.

Claimant's signature Date

Privacy note

The information provided on this form will be used to assess any benefits payable for the purchase claimed and to register and store your bank account details for the purposes of making electronic payments to you. The collection of this information is authorised under subsection 7(2) of the *Medicare Australia Act 1973*. Your bank account details will be disclosed to the relevant financial institutions to facilitate payments to you and will not be disclosed to any other third party unless authorised or required by law.