



# DISCHARGE ADVICE AND HOSPITAL CLAIM

## Completing the form

**To ensure prompt and accurate processing, complete all relevant sections of the form.**

**Prostheses Item Numbers:** Please use the applicable billing codes as listed in the current Commonwealth Department of Health and Ageing Prostheses Schedule.

**Separation Code:** Include the relevant code from the following list:

- A Discharged by hospital
- B Discharged own risk
- C Transferred to nursing home
- D Transfer to psychiatric hospital
- E Transfer to other hospital
- F Death with autopsy
- G Death without autopsy
- H Transfer to other accommodation
- I Type change separation
- R Deceased
- S Still an in-patient
- W Nursing home
- X Other hospital
- Z Home

**Patient Declaration:** The patient must sign to certify services claimed have been received. If the patient is unable to sign, the patient's agent or Authorised Officer must sign.

**Claimant Declaration:** Must be signed by an Authorised Officer.

## Claiming Payment

To claim payment, complete all relevant sections of the form and forward it, together with any supporting documentation, to the address shown.

The Discharge Advice and Hospital Claim form is supplied in duplicate. Please distribute as follows:

- **Original** (Departmental Copy) with any supporting documentation – send to Medicare Australia for claiming purposes (see address below).
- **Duplicate** (Hospital Copy) – claiming hospital to retain.

Please mail your claims to:

**Medicare Australia  
GPO Box 9917  
(In your Capital City)**

**To discuss payment issues, please contact Medicare Australia on 1300 550 017.**

**Quote claim number for all enquiries.**



