



# MEDICAL EXCESS DECLARATION FORM

When completing this form, please:

- ensure your original receipts and/or Medicare or private health insurance statements are attached to this form
- write your claim number on each receipt and/or statement
- do not include any hospital or ambulance expenses on this form because the TAC will pay these services from the beginning of your claim. Only include services that can be used to reach the excess. For a list of these services, see the information sheet on the back of this declaration
- do not return this form until your treatments add up to \$651\* or more
- take the time to complete this form carefully as incorrectly completed forms will be returned

## Your personal details

Client name

Claim number

Client address

Telephone number

Date of accident

Post code

Claim number

Family member 1

Claim number

Family member 2

Claim number

Family member 3

Claim number

Family member 4

Please list the services you have received for your transport accident injuries. For information about the services that can be used to reach the medical excess, see the information sheet on the back of this declaration.

This table continues on page 2

Date of treatment (dd/mm/yy)	Type of treatment e.g. Doctor, Physio, etc.	Treater's name	Full cost of treatment	Paid? Yes/No	If 'yes', by whom? e.g. Medicare, myself, health fund, etc.
<i>Example</i> 01/01/2017	<i>Example</i> Physiotherapy	<i>Example</i> Mr Ronald Brown	<i>Example</i> \$60.00	<i>Example</i> Yes	<i>Example</i> Me and my health fund
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MEDICAL EXCESS  
DECLARATION

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		<b>Total</b>	<b>\$</b>		

Please remember to return this form only when your treatments add up to \$651\* or more.

**Declaration**

I confirm that these treatments are for my transport accident injuries and not for any pre-accident or unrelated condition.

Signature of client, parent or guardian

Print name

Date

\* This is the medical excess amount for accidents on or after 1 July 2017. This amount may change yearly, as it is usually indexed according to the Average Weekly Earnings (AWE).

The TAC will write to you when you have reached the medical excess.

**Your privacy**

Without this information the TAC may not be able to make a decision about your entitlement to benefits.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)



# MEDICAL EXCESS DECLARATION FORM

## Services provided outside of a hospital that can be used to reach the medical excess

• Acupuncture
• Chiropractic
• Dental (GP or specialist)
• Elective surgery not performed in a hospital
• Equipment <ul style="list-style-type: none"><li>• Replacement of medical equipment damaged in the accident, e.g. prescription spectacles</li><li>• Equipment required because of the accident injuries, e.g. crutches, bandages, splints, etc.</li></ul>
• Hyperbaric oxygen therapy
• Medical reports not requested by the TAC
• Medication and chemist/pharmacy items, e.g. prescriptions, Panadol, bandages, crutches, etc.
• Optometry
• Osteopathy
• Pathology, e.g. blood tests (when not referred by a hospital)
• Physiotherapy
• Podiatry
• Prosthetic services and prosthetics, e.g. shoe inserts
• Psychology
• Radiology, e.g. MRI or x-rays (when not referred by a hospital)
• Special food/formula

For more information, please refer to the TAC's medical excess policy at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)