

# Claim for External Breast Prostheses Reimbursement Program

## When to use this form

Use this form if you have paid for a new or replacement external breast prosthesis **since 1 July 2008**.

## External Breast Prostheses Reimbursement Program

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

## Who can claim

All women who have had breast surgery as a result of breast cancer, are permanent residents or holders of an eligible visa and are eligible for Medicare, can claim the reimbursement. No timeframes apply on when the breast surgery was performed.

If you get financial assistance from the Department of Veterans' Affairs (DVA), you should claim your entitlement through DVA.

Executors or administrators of deceased estates may claim reimbursement for purchases not yet claimed. Documentation identifying the person as the executor or administrator must be provided to Services Australia with this claim (if not previously provided).

## How often you can claim

You can claim the reimbursement for prostheses bought **every 2 years** from the date of your last purchase. This timeframe applies regardless of the amount of your last reimbursement.

If it has been less than 2 years since you bought a prosthesis, you can only claim for a replacement if it is for a medical reason. The claim must include a letter from your doctor or other health professional explaining the medical reason why you need a new prosthesis.

You cannot claim a replacement prosthesis, bought less than 2 years after your last purchase, for:

- wrong choice or change of mind
- incorrect fitting
- faulty or damaged prostheses.

If you have one of these issues, contact your prosthesis supplier.

## How much you can get back

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

## If you get a refund from another source

If you have private health insurance, you will need to claim any applicable refunds from them before seeking a reimbursement from us.

If you get a refund for your prosthesis from your private health insurer or another source and the refund is less than the full price paid, we may pay the difference. This is up to the \$400 limit for each prosthesis.

**Examples:** If you have bought a single prosthesis for \$130, your reimbursement is \$130\*.

If you have had a double mastectomy and have bought 2 prostheses, your reimbursement may be up to \$800\*.

If you have bought a prosthesis for \$350 and received a refund of \$200, your reimbursement will be \$150.

\* Subject to other refunds or financial assistance paid to you.

## What you cannot claim

Bras, post breast surgery swimwear or internal prostheses.

## How we will pay you

All reimbursements are made by Electronic Funds Transfer (EFT) to your nominated bank account. We will send a statement to your nominated postal address showing the amount paid into your bank account.

Most claims are processed within 10 business days after receiving the claim.

## For more information

Online [servicesaustralia.gov.au/breastprostheses](https://servicesaustralia.gov.au/breastprostheses)

Call **132 011** (Australian Western Standard Time)

TTY **1800 810 586** (hearing and speech impaired)

TIS **131 450** (Translating and Interpreting Service)

Call charges may apply.



# Claim for External Breast Prostheses Reimbursement Program (NH005)



## Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## Claimant's details – the person who received the prosthesis(es)

1 Medicare card number

Ref no.

2 Mr  Mrs  Miss  Ms  Other

Family name

First given name

3 Postal address

  
  
  

4 Do you want this recorded as your permanent postal address?

No

Yes

If you are listed on a Medicare card with others and you do not want the address change applied to everyone on your Medicare card, contact Medicare to transfer to a new card.

5 Daytime phone number

6 Email (optional)

7 Prosthesis – tick one or both

Left breast

Right breast

## Bank account details

8 If you have previously supplied your bank account details to Medicare, do you still want to use those bank account details?

Any bank details provided in this form will result in all Medicare payments being paid to this account.

No  **Go to next question**

Yes  **Go to 10**

9 The bank, building society or credit union account must be in your name. A joint account is acceptable. Payments cannot be made to credit card, loan or mortgage accounts.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

  

10 Have you received a refund or financial assistance from a private health fund for the prosthesis(es) you are claiming?

No

Yes  Give details of the amount(s) you have received:

Private health fund	\$
Other	\$

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

## Executor or administrator details

Only complete this question if you are the executor or administrator of an estate where the claimant is deceased.

11 Full name of executor or administrator of the deceased claimant's estate

12 Contact phone number

## Privacy notice

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- 13** The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration

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**14 I declare that:**

- I have read the information on page 1 of this form.
- I have had breast surgery as a result of breast cancer.
- the amount claimed has been paid.
- I have claimed through my private health insurance (if applicable).
- I am not eligible to claim financial assistance from the Department of Veterans' Affairs for the purchase.
- I am the executor or administrator acting on behalf of the deceased claimant's estate (if applicable). I have provided Services Australia (either previously or with this claim) with the appropriate documentation identifying me as such.
- the information I have provided in this form is complete and correct.

**I understand that:**

- I am claiming a reimbursement for the purchase of external breast prosthesis(es).
- giving false or misleading information is a serious offence.

Claimant's signature

Date

## Returning this form

Check that all required questions are answered and the form is signed and dated. Provide a copy of your receipt(s) with your claim, including a description of each purchase.

Return this form and any supporting documents:

- **by post to:**  
Services Australia  
External Breast Protheses Reimbursement Program  
GPO Box 9822  
In your capital city
- **by email to: [ebpr@servicesaustralia.gov.au](mailto:ebpr@servicesaustralia.gov.au)**  
There may be risks associated with sending personal information through unsecured networks or email channels
- **in person at one of our service centres.**