**

*\* Confidential Client Information*

**MEDICARE DETAILS**

**Name of the individual being referred:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the purpose of Medicare rebates under a Mental Health Care Plan, please provide the following details:**

* **Email (of the individual to who the invoice is to be sent):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Medicare Card Number (of the young person):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Individual Reference Number:** \_\_\_\_\_\_\_\_\_\_\_\_
* **Expiry Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Account details (for the purpose of receiving the rebate):**

\*Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_