



**Queensland Government** Medical Aids Subsidy Scheme  
Queensland Health

**Authority to Contact  
Compensation or Insurance Claim**

(Affix identification label here)

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  M  F  I

This form is used by clients to provide consent for the Medical Aids Subsidy Scheme (MASS) to contact their legal representative(s).

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

**Does a WorkCover, third party, public risk or any other form of compensation or insurance claim apply for injuries for which assistance from MASS, Queensland Health is requested?**

- No
- Yes, please complete the details below:
- I  have /  have not engaged a legal representative to act on my behalf regarding a claim for damages.

Solicitor's name		Firm's name	
Firm's address		Suburb / town	Postcode
Telephone	Fax	Email	

- I undertake to repay MASS the cost of assistance provided to me by MASS, should I obtain damages for injuries from any past, present or future claim/s.
- I undertake to advise MASS of the progress of my claim for damages. This may be in the form of written communication to MASS from my legal representative.
- I provide authority for MASS to write to and provide information to my legal representative named above.
- This authority remains valid until revoked by me in writing.

Signature of Applicant/Guardian or authorised decision-maker on behalf of applicant	
Name of Applicant/Guardian or authorised decision-maker on behalf of applicant	Date
Signature of Witness	
Name of Witness	Date

**Attach form to MASS-eApply Application**

**Email:** [MASS184@health.qld.gov.au](mailto:MASS184@health.qld.gov.au) PO Box 281, Cannon Hill Qld 4170  
**Website:** [health.qld.gov.au/mass](http://health.qld.gov.au/mass) Telephone: 07 3136 3636

DO NOT WRITE IN THIS BINDING MARGIN