

11 July 2025

medicare

Our reference: ARN8445-1Z-CV

Andrew E Johnson 5 Turkeith Ave HERNE HILL VIC 3218

Dear Andrew E Johnson

# More information is needed for your application

Thank you for your application under the COVID-19 Vaccine Claims Scheme.

Thank you for responding to our previous requests. Your claim has passed the Independent Medical Panel assessment. Before your claim can be reviewed by the Expert Legal Panel, we have identified that we are not able to process your application because we need additional information and/or documentation.

We note you advised that you are out of the country for an extended period. We have provided further time for you to supply the required information, if further time is required do not hesitate to ask for an extension.

#### Information and/or documentation that we need

#### **Out of Pocket Expenses**

You provided a COVID-19 Vaccine Claims Scheme medical report (MO063), dated 15 February 2023 and completed by Dr Tristan Crowe. Within the Medical report at Dr Crowe has ticked "yes" to question 43 that you are claiming past Out of Pocket Expenses, at question 44 he states "As per documentation, Yes reasonable".

In the Medical Report (MO063), Dr Crowe has also ticked "yes" to question 45 detailing that you are claiming future Out of Pocket Expenses, at question 26 he details "as above".

In your COVID-19 Vaccine Claims Scheme cost calculation (MO065), dated 16 February 2023 you are claiming past Out of Pocket Expenses totalling \$2335.60 and future Out of Pocket Expenses "medication (possibly rest of my life)" with no amount claimed.

The evidence that you have provided supporting your past Out of Pocket Expenses includes:

- St John of God invoice, dated 14 March 2022 totalling \$235.00
- Lake Imaging invoice (xray), dated 14 March 2022 totalling \$116.10
- Statement of Claim Benefit from Medicare, appointment with Dr Aref Arjomand on the 22 April 2022, totalling \$135.45 (once Medicare Rebated deducted)

- St John of God invoice, dated 22 June 2022 totalling \$235.00
- Lake Imaging invoice (xray), dated 22 June 2022, totalling \$116.10
- Clinical Labs invoice, dated 22 June 2022, totalling \$135.05
- Clinical Labs invoice, dated 23 June 2022, totalling \$64.55
- Statement of Claim Benefit from Medicare, appointment with Dr David McGraw on the 12 August 2022, totalling \$142.35 (once Medicare Rebated deducted)
- Healthy Hearts Melbourne invoice, appointment with Dr David McGaw, 19 August 2022 dated, totalling \$150.00
- Lake Imaging invoice, dated 2 September 2022, totalling \$563.25 (noting this invoice is for a brain MRI)
- St John of God invoice, dated 5 September 2022, totalling \$235.00
- St John of God invoice, dated 21 October 2022, totalling \$7,064.00
- Health Hearts Melbourne invoice, dated 1 December 2022, totalling \$165.00
- Geelong Soul Pattinson Chemist prescription record dated March 2023 x 2, these detail medication purchases for the period 12 August 2022 – 14 February 2024

You are claiming the invoice dated 21 October 2022, for your admission to hospital at St John of God, there has not been any evidence provide to support what this admission was for. There is also no mention of your admission to hospital for this period within the Practitioner reports.

You provided your Defence Health Insurance statement for the period 1 October 2022 – 31 December 2022, how ever you have not provided the period prior to October 2022 or the period after the 31 December 2022.

In your email dated 21 February 2024, you detail "As I have stated on many occasions, my condition is ongoing. I cannot get a definitive timeframe (how long is a piece of string?). All initial advice from medical experts of "its most likely short term" have proven to be wrong! As the heart issues have not been resolved, the future expenses are unknown. I will no doubt have further appointments with cardiologists and doctors, how many and when is unknown as well. As a minimum, every time I need a new script for the colchicine a doctor's appointment is required."

You provided the cardiologist report from Dr David McGaw, dated 22 August 2022, in which Dr McGaw states "in conclusion, I have discussed his chronic pericarditis, I have recommended that he stay on high-dose Colchicine for one month after his symptoms settle and then reduce to colchicine 500mcg daily long-term"

In you review you have provided a report from Dr Christopher Neil, dated 29 July 2024, Dr Neil has not provided any information addressing is you are still taking medication to treat the Harm you suffered. Dr Neil does state "Andrew requires clinical monitoring and cardiac imaging monitoring every 1-2 years. I would estimate his annual costs for consultation and investigational services to be around \$1,000-1,500 per annum."

As per clause 16(e) of the Policy we require the Reporting or Treating Practitioner to provided evidence as to the nature and estimated duration of any future treatment that is reasonably required as a result of the Harm. It is expected that the Practitioner provided the estimated frequency of these appointment and the duration that you will require each future Out of Pocket Expense

Although, Dr Neil has supported that you will most likely incur future Out of Pocket Expenses for clinical monitoring and cardiac imaging monitoring every 1-2 years, his information does not include enough detail for us to adequately quantify these Out of Pocket Expenses. Dr Neil has not provided what the clinical monitoring or cardiac imaging is, he has not detailed how frequent each of these treatments may be required, he also has not provided an estimated duration that your future Out of Pocket Expenses will be required.

We acknowledge that your condition is ongoing, and that you may have additional past Out of Pocket Expenses you wish to provided evidence for. Noting that past Out of Pocket Expenses will be calculated up until the date of the Decision.

We also accept that it is likely that may incur future Out of Pocket Expenses, however sufficient evidence has not been provided to support the likely cost of your future Out of Pocket Expenses. In some cases we can utilise your past Out of Pocket Expenses to help establish a likely cost into the future. As we do not know what the exact nature of the "clinical monitoring and cardiac imaging" as noted by Dr Neil, we cannot establish the likely cost of these expenses.

The only claimed expense it appears you were intending to claim into the future was for medication "colchicine". In Dr Neil's report he does not detail if you still require any medication. There is no other evidence from a Reporting or Treating Practitioner that supports that you are still taking this medication. The most recentevidence we have to support your Colchicine prescription is the Soul Pattinson Chemist prescription record showing a purchase in February 2024.

## **Required Information**

 We require a further report from Dr Neil, providing his medical opinion and detailing the specific future Out of Pocket Expenses that you will require, Dr Neil will need to provide an estimated frequency and duration of each of the future Out of Pocket Expenses that you will require.

Please note that clinical monitoring and cardiac imaging does not provide us enough information (for example cardiac imaging is it for a MRI, Xray and or echocardiogram as these all range in price and rebates)

- For each of the claimed future Out of Pocket Expenses, you will need to provide quotes and or past invoices to support the cost that you will likely incur.
- Evidence to support your admission to St John of God in October 2022 if this was in relation to the Harm you suffered, such as discharge reports or support from your Reporting and/or Treating practitioner.
- Confirmation if you are still taking Colchicine, or confirmation on the date you ceased taking this medication.
- A copy of your Private Health Insurance for the full period being claimed 1 March 2022 till current.

 Any additional past Invoices that you wish to be included in your claim for Out of Pocket Expenses.

# **Lost Earnings**

In your COVID-19 Vaccine Claims Scheme cost calculation (MO065), you are not claiming any Lost Earnings and you have provided no evidence to support a claim for Lost Earnings. However based on Dr Neil report dated 29 July 2024, I believe you may be entitled to a claim of Lost Earnings.

On the COVID- 19 Vaccine Claims Scheme medical report (MO063), dated 15 February 2023 by Dr Tristan Crowe, Dr Crowe at question 27 ticked "no" you are not claiming Lost Earnings. Dr Crowe also details at question 29 "clinical assessment now back at full capacity".

As part of your review, you have provided a report from Dr Christopher Neil, dated 29 July 2024. We note that in this report Dr Neil states "Andrew is married with 2 children, and they live in a 3 bedroom house in Herne Hill. Andrew and his partner have a mortgage on this house. Since diagnosis, Andrew has been unable to take on extra shifts or work overtime, leading to relative financial stress. This particularly affected him for the 6 months in which he was consigned only to light duties, but even at the present time, he is less able to take the opportunity of extra shifts or overtime work. Hence, there has been an overall financial impact through lost potential earnings for someone of his standing and experience in the profession."

Although you have not claimed any past or future Lost Earning, we wish to provide you an opportunity to claim any potential loss of overtime that you may have incurred over the period.

# **Required Information**

- If you wish to claim Lost Earnings, we would require a Reporting or Treating Practitioner to support a claim for Lost Earnings, it would be expected that the Reporting Practitioner supports the period that you suffered a reduced work capacity detailing why you may not have been able to maintain you pre-harm capacity.
  Given you returned back to work after a month of leave (paid by Workers Compensation, the Treating or Reporting Practioner will also need to comment on any restrictions on your post Harm earning capacity, such as ability to complete overtime.
- If you are intending to claim Lost Earnings for lost overtime, we would required evidence to support your Pre-Harm Earnings as well as you earning during the period that you are claiming a loss of overtime. That would include:
  - A minimum of 8 weeks worth of payslips directly prior to the harm, this is to establish your pre Harm earnings and establish your average overtime you would usually do.
  - All payslips when you returned to work until you returned to your pre-Harm capacity (if still not at your pre-Harm capacity payslips till current)
  - Please be advised that if you are not intending to claim any Lost Earning you do not need to provide any information regarding Lost Earnings.

# What you need to do

Please provide the required information and/or documentation by 31 October 2025.

You can do this by:

- emailing it to COVID19.vaccine.claims.scheme@servicesaustralia.gov.au
   Please be aware that there may be risks with sending personal information through unsecured networks or email channels. We are not able to provide a response via email.
- mailing it to Services Australia COVID-19 Vaccine Claims Scheme PO Box 1001 TUGGERANONG ACT 2901

If you do not provide the required information and/or documentation by **31 October 2025**, the claim will be assessed solely on the information that has been provided.

#### More information

For more information about the COVID-19 Vaccine Claims Scheme, please go to servicesaustralia.gov.au/covid19vaccineclaims

If you have any questions about this letter or your application, you can call us on 1800 813 167 (call charges may apply).

Yours sincerely

Director
COVID-19 Vaccine Claims Scheme

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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**