****

**Constituent Enquiry Form   
Centrelink / Medicare**

**Email to:** [**wynnum.dhs@humanservices.gov.au**](mailto:wynnum.dhs@humanservices.gov.au)

|  |  |
| --- | --- |
| **EO Contact – Name:** | **EO Contact – Email:** |
| **Constituent Details** | |
| **Name:** | |
| **Address:** | |
| **Phone Number:** | |
| **Mobile Number:** | |
| **Email Address:** | |
| **CRN / Medicare Number:** | |
| **Benefit Type:** | |
| **Enquiry:** | |