



Australian Government

Department of Health and Aged Care

# Application to Review Compliance Audit Decision

## Purpose of this form

Use this form to request a review of decision of a compliance audit under subsection 129AAJ(1) of the *Health Insurance Act 1973* or section 56D of the *Dental Benefits Act 2008*. This review is available if you disagree with the amounts that have been deemed recoverable as a result of a compliance audit.

To apply for a review of decision you must:

- have undergone a compliance audit
- have a letter stating that amounts are recoverable as a result of a compliance audit, that was issued **within the last 28 days**
- be seeking a review of our decision to recover amounts, **and**
- not had the decision reviewed previously.

You can submit new and additional information with this application to support your claim that the amounts that have been paid are correct.

## Process of reviewing a decision

You will be advised when your application is received and whether it meets the requirements for a review of decision.

If your application progresses to review, a Review Officer, who was not involved in the original audit decision, will conduct the review.

The Review Officer will conduct an examination of all the relevant facts and evidence available at the time the audit decision was made and will consider any new information submitted with this application.

After the review of the decision, the original decision that amounts have been deemed recoverable will, either be confirmed, varied or revoked.

Written notice of the outcome of the review will be sent to you **within 28 days** after your application is received. Each audit decision can only be reviewed once.

## For more information

For more information about compliance audits, email [compliance.review@health.gov.au](mailto:compliance.review@health.gov.au) or go to the website [www1.health.gov.au/internet/main/publishing.nsf/Content/rvw-compliance-audit-decision](http://www1.health.gov.au/internet/main/publishing.nsf/Content/rvw-compliance-audit-decision).

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like ☐ with a ✓ or ✗

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form and any relevant documentation to:

### Provider Benefits Integrity

#### Review of Decision

Benefits Integrity & Digital Health Division - MDP 659

PO Box 9848

CANBERRA ACT 2601

OR Email: [compliance.review@health.gov.au](mailto:compliance.review@health.gov.au)

- 1 Have you received a letter stating that amounts are recoverable as a result of a compliance audit, which also advised of your opportunity to review the decision?

No ☐ You must have received a letter in order to seek a review of a decision

Yes ☐ Please provide a copy of the letter

- 2 Date that the letter was received

- 3 Our reference number as per the letter

## Applicant's details

Dr Ms Mr Mx Preferred title

Family name

First given name

Second given name

- 5 Provider number

- 6 Postal address

- 7 Email address

- 8 Contact phone

9 What is the specific decision you are seeking to have reviewed?

This image shows a blank sheet of white paper designed for handwriting practice. It features a solid black vertical line on the left side, creating a narrow margin. The rest of the page is filled with evenly spaced, horizontal dashed lines for writing. There are no other markings, text, or illustrations on the page.

If more space is required, attach a separate sheet with details

- 10** Please state why you disagree with the decision made by the delegate of the Chief Executive Medicare.

[illegible]

If more space is required, attach a separate sheet with details.

- 11** Have you attached any additional information that you would like the Review Officer to consider?
- No ☐ *I have not attached extra sheets*
- Yes ☐ *I have attached (number) \_\_\_\_\_ extra sheets*  
*(Include our reference number on all sheets.)*

You are not expected to produce clinical information relating to a patient unless those details are necessary to substantiate that the patient attended the service.

Where clinical information is not necessary to substantiate this fact, the information should be censored in all documents provided.

If you are asked to produce documents containing clinical information, you can choose to only provide it to a medical practitioner employed by the Department of Health.

**12** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Health for the assessment and administration of payments and services, including compliance actions. This information is required to process your application or request.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Health will manage your personal information, including our privacy policy at [www.health.gov.au/privacy](http://www.health.gov.au/privacy) or by requesting a copy from the department.

**13 I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- this form will be used by the Australian Government Department of Health to process my request under subsection 129AAJ(1) of the *Health Insurance Act 1973* or section 56D of the *Dental Benefits Act 2008* for a review of decision on amounts that have been deemed recoverable as a result of a compliance audit.
- giving false or misleading information is a serious offence.

Signature

Date \_\_\_\_\_

\_\_\_\_\_