



Voluntary acknowledgement of incorrect payments

What this form is for

This form is for you to notify the Australian Government Department of Health and Aged Care that you are acknowledging that you were not entitled to receive payments for the services you have listed on this acknowledgment form. This form can be used to acknowledge incorrect payments of Medicare benefits, Child Dental benefits and other payments that have been made to you by Medicare.

Where compliance action has already commenced, the *Health Insurance Act 1973* imposes a 20 per cent penalty for debts over \$2500, which may be reduced, if you voluntarily acknowledge the debt using this form. Please note this relates to Medicare Benefits Schedule payments only.

What you need to know about incentive payments

Associated incentive payments claimed in conjunction with the payments for services you have voluntarily acknowledged, will also be recoverable.

- 1 I declare that I,** _____ am the health provider who is responsible for the services which have been claimed in my name and listed on this form, and I acknowledge that I was not entitled to receive these payments from Medicare. I declare that the information provided is true and correct. I understand that giving false or misleading information is a criminal offence.

Provider Signature



Date

2 Health Professional Details

Dr Ms Mr Mx Preferred title
Family name

First given name

Second given name

Medicare provider number

ABN

Is this acknowledgement a result of a communication or audit action by the Department of Health and Aged Care?

Yes

No

Reference number (if applicable)

3 Health Professional Contact Details

Mailing Address

Email Address

Contact Phone

4 Returning your form

Check that you have provided all the information required and that you have signed and dated this form.

The completed form and any supporting attachments can be emailed to:



voluntary.compliance.team@health.gov.au

OR

Mail the completed form and attachments to:



Provider Benefits Integrity
Benefits Integrity Division
PO Box 9848 MDP 859
CANBERRA ACT 2601

Cheques can be made payable to the Department of Health and Aged Care

5 Privacy

Personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Health and Aged Care (the department) for the assessment and administration of payments and services, including compliance actions. This information is required to process your application 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 will manage personal information, including our privacy policy, at health.gov.au/privacy or by requesting a copy from the department.

Further Information

For more information, please visit our website at health.gov.au/va.

6 Provide details of services relevant to your voluntary acknowledgement

6a Item number/s incorrectly claimed for specific period/s. Note: Relates to all services provided for specific item/s and period/s.

Item number claimed	Services provided between:		Reason: Administrative error Item descriptor not clear Service not provided Other - Please state
	Start date	Finish date	

6b Details of individual services (where not covered at 6a)

Patient given name(s)	Patient family name	Patient Date of birth	Patient Medicare card number	Ref No.	Date of service	Item number claimed	Reason: Administrative error Item descriptor not clear Service not provided Other - Please state
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If you require more space, attach a separate sheet with details