Australian Government
Department of Health, Disability and Ageing

Voluntary acknowledgement of incorrect payments

What this form is for

This form is for you to notify the Australian Government Department of Health, Disability and Ageing (the department) that you are acknowledging that you were not entitled to receive payments for the services listed on this form. It can be used to acknowledge incorrect payments of Medicare benefits, Child Dental benefits and other payments that have been made to you by Services Australia.

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.

What you need to know about incentive payments

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

1 **I declare that I,** _____ am the health provider who is responsible for the services that have been claimed under my provider number and listed on this form. I acknowledge that these payments were not entitled to be received from Services Australia. 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?

☐ Yes

☐ No

Reference number (if applicable)

3 **Health Professional Contact Details**

Mailing Address

STATE

POSTCODE

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:

Att: Voluntary Compliance Team
Benefits Integrity Division MDP 659
GPO Box 9848
CANBERRA ACT 2601

Once processed, an invoice will be issued to you providing repayment options.

5 **Privacy**

Personal information is protected by law, including the *Privacy Act 1988*, and is collected by 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.

Further Information

For more information regarding voluntary acknowledgement of incorrect payments, please scan the QR code to visit our website.

6 Provide details of services relevant to your voluntary acknowledgement

6a Use this table where item number/s have been incorrectly claimed throughout a date range and all services for these item number/s are to be recovered for the specified period. Do not list details of each individual patient service. Every patient service matching the item number and date period will be recovered.

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). Use this table where individual services have been incorrectly claimed. List details of each individual patient service to be recovered.

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

If you require more space, attach a separate sheet with details.