

8 What decision do you want reviewed?

[illegible]

9 Why do you believe the decision is incorrect?

[illegible]

10 Have you attached any additional information that you would like the review officer to consider as part of this review?

No ☐

Yes ☐ I have attached (number) _____ extra sheets

11 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/privacypolicy**

12 I declare that:

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

I understand that:

- this form will be used by Services Australia 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 a decision on amounts that have been deemed recoverable as a result of a Medicare compliance audit.
- giving false or misleading information is a serious offence.

Signature



Date (DD MM YYYY) (you **must** date this declaration)

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Check that you have answered all the questions.

Return this form and any supporting documents:

- by **email to health.appeals@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- in person at one of our service centres.