

Reporting suspected fraud (M0029)

When to use this form

Use this form to report suspected fraud against Medicare programs to Services Australia.

You are under no obligation to provide personal details when providing information. However, if you provide your name and contact number, it will allow us to contact you for more information if required.

If you choose to remain anonymous, we would appreciate you providing as much information as you can. We will not be able to contact you if we require more information.

For more information

Go to servicesaustralia.gov.au/fraud or call **131 524** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown.

Your details

1 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Your postal address

Postcode

4 Daytime phone number (including area code)

Mobile phone number

Email

Suspected fraud details

5 Who is this report about?

Tick one only

Individual Go to next question

Business or practice Go to 9

Both Go to next question

6 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

7 Date of birth (DD MM YYYY)

8 Occupation

9 Name of organisation

10 Reference number, for example, provider number, approval number, Medicare card number or Australian Business Number (ABN) (if known)

Provider number

Approval number

Medicare card number

Ref no.

Australian Business Number (ABN)

11 Address

Postcode

