



Purpose of this form

Use this form to request a review of decision 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 a decision we have made that you have a debt.

To apply for a review of decision you must:

- have a letter issued by Services Australia **within the last 28 days** stating that an amount is recoverable as a debt, and
- be seeking a review of our decision to recover that amount.

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

Process of reviewing a decision

If your application progresses to review, we will forward the matter to a review officer who was not involved in the original decision and who can change the decision if it is wrong.

The Review Officer will:

- where possible, talk to you about the decision
- look at the facts, the law and policy
- consider any new information submitted with this application
- change the decision if it is not correct, and
- advise you in writing about the result of the review.

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Mark boxes like this with a or

Returning this form

Check that you have answered all the questions.

You can lodge the completed form and any relevant documentation by one of the following methods:

- by email to health.appeals@servicesaustralia.gov.au
You should satisfy yourself that your email service is a secure means by which to transmit your personal information to us, or
- in person at one of our service centres.

For more information

For more information, go to servicesaustralia.gov.au/customer/reviews-and-appeals

1 Have you received a letter stating that amounts are recoverable under subsection 129AC (1) of the *Health Insurance Act 1973* or section 56 of the *Dental Benefits Act 2008*?

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

Yes *Please provide a copy of the letter*

2 Date the letter was received

3 Reference number on the letter

Applicant's details

4 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

5 Medicare card number

Ref no.

6 Postal address

Postcode

7 Daytime phone number

Mobile phone number

Email

