

## 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](http://servicesaustralia.gov.au/fraud) or call **131 524** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

### Filling in this form

You can complete this form on your computer, print and sign it.

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  Other

Family name

First given name

Second given name

**2** Your date of birth

 /  / 

**3** Your postal address

  
  
 Postcode

**4** Daytime phone number

 (  ) 

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  Other

Family name

First given name

Second given name

**7** Date of birth

 /  / 

**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.

ABN

 -  -  - 

**11** Address

  
  
 Postcode

**12** Daytime phone number

( )

Mobile phone number

Fax number

( )

Email

**13** Provide details of the suspected fraud or suspicious activity. Include dates, names and locations relevant to your report.

If you need more space, provide a separate sheet with details.

**14** How did you become aware of this matter? Include dates, names and locations relevant to your report.

If you need more space, provide a separate sheet with details.

**Acknowledgement**

**15** Would you like an acknowledgement to confirm we have received this form?

No  **Go to 17**

Yes

**16** I would like an acknowledgement of confirmation sent to my:

Postal address

Email

**Privacy notice**

**17** Your 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/privacy](http://servicesaustralia.gov.au/privacy)

**Declaration**

**18** I declare that:

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

**I understand that:**

- personal information may be disclosed under the *Freedom of Information Act 1982*
- a person is not required to provide Services Australia with their name and/or contact details in reporting suspected fraud
- giving false or misleading information is a serious offence.

Applicant's signature



Date

/ /

**Returning this form**

Return this form:

- **by post to:**  
Services Australia  
Fraud hotline  
GPO Box 9822  
SYDNEY NSW 2001
- **by fax to: 1300 657 239**