



Voluntary acknowledgement of incorrect payments (M0057)

When to use this form

Use this form to acknowledge that the Department of Veterans' Affairs (DVA) payment for services listed in **question 6** were received which were **not** entitled.

For more information

For more information about DVA overpayments, go to servicesaustralia.gov.au or call **1300 550 017** Monday to Friday, 8:30 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.

Contact information

1 Provider number

2 Name of facility if applicable (for example, hospital name, nursing home name, community nursing name)

3 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

4 Postal address

 Postcode

5 Daytime phone number

Email

Details of claims or benefits relevant to your voluntary acknowledgement

6 Details of claims or benefits relevant to your voluntary acknowledgement.

Relates to all services provided for specific item(s) and period(s). Provide supporting documentation for all incorrect payments listed below.

Claim ID	Patient's first and last name	Patient's DVA file no.	Date of service	Item no.	Amount	Reason <ul style="list-style-type: none"> • Administrative error • Item descriptor not clear • Service not provided • Wrong patient • Other – please state
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Privacy notice

7 Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares 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

Declaration

8 I declare that:

- I am responsible for listing the services in **question 6** and acknowledge that DVA payments for the services listed were received which were **not** entitled.
- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your full name

Your signature

Date

Returning your form

Check that you have provided all the required information, signed and dated this form.

Scan the completed form and supporting documentation and email to vaphelp@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

or alternately send to:

DVA Overpayments
GPO Box 964
ADELAIDE SA 5001