



# Reporting suspected fraud

## Purpose of this form

Complete this form to report suspected fraud against Medicare programs.

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, as we will not be able to contact you if we require more information.

## For more information

For more information, go to our website [humanservices.gov.au/fraud](http://humanservices.gov.au/fraud) or call **131 524** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗
- Where you see a box like this  Go to 5 skip to the question number shown. You do not need to answer the questions in between.

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

**Department of Human Services**  
**Fraud hotline**  
**GPO Box 9822**  
**SYDNEY NSW 2001**

or

Fax: **1300 657 239**

## Applicant's details

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

2 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/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 (e.g. Medicare provider number, approval number, Medicare card number or Australian Business Number (ABN)) (if known)

Medicare provider number

Approval number

Medicare card number

Ref no.

ABN

