



# Reporting suspected fraud

## Important information

Complete this form to report suspicious activity against Medicare Australia's 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.

## Assistance

If you need assistance completing this form call **131 524** (call charges will apply) between 9.00 am and 5.00 pm, Monday to Friday, Australian Eastern Standard Time. For more information go to [www.medicareaustralia.gov.au/about/fraud](http://www.medicareaustralia.gov.au/about/fraud)

## Lodgement

Send the completed form to:

**Recovery, Health and Business Compliance Division  
Desk and Analysis Compliance  
GPO Box 9822  
SYDNEY NSW 2001**

or fax to: **1300 657 239**

Print in **BLOCK LETTERS**

Tick where applicable

## Claimant's details

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

2 Date of birth

3 Postal address

  

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4 Daytime phone number

Mobile phone number

Email

  

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## Suspected fraud details

5 Who is this report about?

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

Other given name(s)

7 Date of birth

8 Occupation

9 Name of organisation

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

11 Address

  

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12 Daytime phone number

Mobile phone number

Fax number

Email

  

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