



Reporting suspected or known Diagnostic Imaging or pathology inducements, threats or prohibited practice

Important information

Complete this form if you are a requester or provider of Diagnostic Imaging (DI) or pathology services and you suspect or have knowledge of threats or prohibited practice(s).

A requester or provider is defined under section 23DZZIE(1), (2), (3) of the *Health Insurance Act 1973* (the Act). If you are not a requester or provider of DI or pathology services but suspect prohibited practice(s), you must complete and return a **Reporting suspected fraud** form available at www.medicareaustralia.gov.au/about/fraud

Prohibited practice may include:

- a person connected to you asked for or accepted a benefit from a provider or a person connected to a provider and the benefit would be reasonably likely to induce requests for services (see subsection 23DZZIK(2), (3) of the Act)
- a person connected to you offered or provided a benefit to a requester or a person connected to a requester and the benefit would be reasonably likely to induce requests for services (see subsection 23DZZIL(2), (3) of the Act)
- a person connected to you threatened a requester or a person connected with a requester and the threat would be reasonably likely to induce requests for services (see subsection 23DZZIM(3) of the Act)
- another person accepted a benefit from a third person with the intention of inducing the requester to request services from a particular provider, where the benefit is intended to induce requests for services (see subsection 23DZZIQ(7) of the Act)
- another person offered or provided a benefit to a third person with the intention of inducing the requester to request services from you, the provider, where the benefit is intended to induce requests for services (see subsection 23DZZIR(5) of the Act) and
- another person threatened a third person with the intention of inducing the requester to request services from a particular from you, the provider, where the threat is intended to induce requests for services (see subsection 23DZZIS(5) of the Act).

To obtain protection from criminal prosecution or being subject to civil action under Part IIBA of the Act, you must return this form to Medicare Australia **within 30 days** of first becoming aware of the prohibited practice(s).

This form is approved by Medicare Australia for the purpose of making reports to the Medicare Australia CEO under subsections 23DZZIK(3), 23DZZIL(3), 23DZZIM(3), 23DZZIQ(7), 23DZZIR(5) and 23DZZIS(5) of the *Health Insurance Act 1973*.

You should retain a copy of this completed form for your records.

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

Lodgment

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

Postcode

4 Daytime phone number

Email

Report

5 Is this report on behalf of a company, business or organisation?

No **Go to 8**

Yes **Go to next question**

6 Give details about the company, business or organisation.

7 What is your role in the company, business or organisation?

Type of conduct being reported

8 Indicate the general nature of the conduct you are reporting (**tick one only**):

I am a requester of DI or pathology services who knows that another person asked for or accepted a benefit in relation to the requesting of DI or pathology services.

I am a provider of DI or pathology services who knows that another person offered or provided a benefit in relation to the requesting of DI or pathology services.

I am a provider of DI or pathology services who knows that another person made a threat in relation to the requesting of DI or pathology services.

Details of conduct you are reporting

9 Who engaged in this conduct?

Include names and any other relevant details of individuals, companies, businesses or organisations who engaged in, or were responsible for this conduct.

10 Do you have a relationship or connection with any of the parties who engaged in this conduct?

No *Go to next question*

Yes Give details below

11 Where applicable, provide details about:

- the nature of the benefit asked for, accepted, offered or provided (e.g. a financial benefit or some other type of benefit)
- other relevant information about that benefit (e.g. amounts involved)
- the person(s) threatened and nature of the threat and
- the date(s) on which this conduct occurred.

12 What was the date on which you first became aware of this conduct?

/ /

13 Indicate why you believe this conduct happened (**tick one only**):

To induce a requester to request DI or pathology services from a particular provider.

Other reason (give details below)



If you require more space for any questions on this form, attach a separate sheet with details.

Receipt

14 Would you like a receipt to confirm this form has been received by Medicare Australia?

No *Go to 16*

Yes *Go to next question*

15 I would like a receipt of confirmation sent to my:

Postal address

Email

Declaration

16 I understand that:

- giving false or misleading information is a serious offence
- personal information may be disclosed under the *Freedom of Information Act 1982*
- if I do not provide my name and/or contact details, protection under the legislation may not apply.

I declare that

- to the best of my knowledge, the information on this form is correct.

Claimant's signature

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Date

/ /

Privacy note

The information provided on this form will be used to identify and investigate suspected fraud or offences. The collection of this information is authorised by the *Health Insurance Act 1973* and the *Medicare Australia Act 1973*. This information may be disclosed to health professionals involved in the investigation, other federal or state government bodies associated with the regulation of health professionals, the Commonwealth Director of Public Prosecutions or as authorised or required by law.