

Declaration

6 I declare that:

- the information supplied in this application is true and correct.

I understand that:

- giving false or misleading information is a serious offence.

Print full name in **BLOCK LETTERS**

Your signature

Date

Privacy note

The information provided on this form will be used to process your application for late lodgement of Medicare Benefits only. Its collection is authorised by the *Health Insurance Act 1973*. This information may be disclosed to the Department of Health and Ageing or as authorised or required by law.

Office use only

Approval granted for lodgement of claim number

 on

Time allowed for late lodgement (if application is approved)

Approval not granted

Delegate of the Chief Executive Officer of Medicare Australia on behalf of the Minister for Health and Ageing

Signature

Date