

Declaration

7 I declare that:

- the information supplied in this application is true and correct
- 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 an application for late lodgement of Medicare and/or Dental benefits payable for services rendered. The collection of this information is authorised by the *Health Insurance Act 1973* and/or *Dental Benefits Act 2008*. This information may be disclosed to the Department of Health and Ageing, Centrelink, other relevant agencies, to a person in the medical and/or dental practice associated with the claim or where required or authorised by law.

Office use only

Approval granted for lodgement of claim number

 on

Time allowed for late lodgement

Approval not granted

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

Signature

Date