



Reporting suspected fraud

Important information

Complete this form to report suspicious activity.

Fraud reporting

You are under no obligation to provide your name when giving us information. However, if you give your name and a contact number it allows us to ask you for more information later if necessary.

If you choose to remain anonymous we would appreciate you giving as much information as you can because we won't be able to contact you again for more details.

Assistance

If you need assistance in completing this form call on **131 524*** or visit: **www.medicareaustralia.gov.au**

Lodgment

Send the completed and signed form to:

PRD Compliance Program
GPO Box 9822
Adelaide SA 5001

or fax to: **08 8274 9538**

Tick where applicable

* Call charges apply

Patient's details

Dr Mr Mrs Miss Ms

Other (please specify)

1 Family name

Other given name(s)

2 Date of birth

 / /

3 Address

 Postcode

Your contact details

4 Phone

 ()

Email

 @

Details about the person or organisation your report is about

5 Who is this report about?

- Individual
 Business/practice
 Both

Dr Mr Mrs Miss Ms

Other (please specify)

6 Family 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 number, ABN)

11 Address

 Postcode

12 Phone

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Fax

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Email

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