

## When to use this form

Use this form if you disagree with a program decision made under MyMedicare Incentives.

The registered practice, provider or authorised contact person must complete this form and provide any supporting documentation to Services Australia **within 28 calendar days** of the decision.

## Important information

Services Australia review requests in accordance with the eligibility criteria set out in the relevant program guidelines and payment formulas established by the Australian Government Department of Health and Aged Care. Decisions are based on the published guidelines at the time of the original decision.

Services Australia will advise the practice or provider in writing of the review outcome.

## For more information

Go to [health.gov.au/mymedicare](http://health.gov.au/mymedicare) or email [mymedicare@servicesaustralia.gov.au](mailto:mymedicare@servicesaustralia.gov.au)

There may be risks with sending personal information through unsecured networks or email channels.

If you need assistance completing this form, call **132 150** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

## Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Practice/Provider details

- 1** The Practice/Provider is requesting a review for the following incentive program:

- 2** Organisation site ID (required if applicable)

- 3** Provider ID (required if applicable)

- 4** Australian Business Number (ABN) (if applicable)

- 5** Practice/Provider name

- 6** Practice/Provider address

Building name (if applicable)

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State

Postcode

- 7** Practice/Provider phone number (including area code)

Practice/Provider email

- 8** Postal address (if different to question 6)

  


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Postcode



## Privacy notice

**10** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of MyMedicare Incentives.

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of MyMedicare Incentives, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

## Declaration

**11 I declare that:**

- I have read and understood the relevant program guidelines.
- the information provided in this form and in the supporting documentation is complete and correct.

**I understand that:**

- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with eligibility requirements for payments under MyMedicare Incentives.
- the practice or provider is required to retain documentation for a minimum of 6 years.
- the practice or provider may be required to provide information to the Australian Government Department of Health and Aged Care as evidence of the practice's compliance with the MyMedicare Incentives.
- if the practice or provider cannot provide information, as requested by the Australian Government Department of Health and Aged Care, to establish compliance with the MyMedicare Incentives eligibility requirements payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide information (which may include identifying information) relating to this application to the Australian Government Department of Health and Aged Care for statistical, program compliance, research and policy development purposes.
- if the practice or provider does not notify Services Australia of changes to arrangements and authorised contact person(s), incentive payments for MyMedicare Incentives may be reduced, recovered, suspended or ceased.
- the authorised contact person(s) will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes.
- the practice or provider will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to MyMedicare Incentives.

- all forms completed by an authorised person will be taken to be completed on behalf of the practice or provider.
- giving false or misleading information is a serious offence.

### Registered Practice Owner/Provider/Authorised Contact Person

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Signature

Date (DD MM YYYY)

### Returning this form

Return this form and any supporting documents within **28 calendar days** of the decision:

- **online**, upload through Health Professional Online Services (HPOS) at [servicessaustralia.gov.au/hpos](https://servicessaustralia.gov.au/hpos)