

# medicare

# Voluntary acknowledgement of incorrect payments (M0057)

## When to use this form

Use this form to acknowledge that the Department of Veterans' Affairs (DVA) payment for services listed in **question 6** were received which were **not** entitled.

### For more information

For more information about DVA overpayments, go to **servicesaustralia.gov.au** or call 1300 550 017 Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

## Filling in this form

You can fill 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 complete it.

If you have a printed form:

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

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1	Provider number
2	Name of facility if applicable (for example, hospital name, nursing home name, community nursing name)
3	Dr
	Family name
	First given name
	Second given name
4	Postal address
	Postcode
5	Daytime phone number (including area code)
	Email
	Linui



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## Details of claims or benefits relevant to your voluntary acknowledgement

6 Details of claims or benefits relevant to your voluntary acknowledgement.

Relates to all services provided for specific item(s) and period(s). Provide supporting documentation for all incorrect payments listed below.

Claim ID	Patient's first and last name	Patient's DVA file no.		Date of service (DD MM YYYY)				Item no.	Amount	Reason      Administrative error     Item descriptor not clear     Service not provided  Wrong patient Other – Give details
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# **Privacy notice**

7 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

## **Declaration**

### 8 I declare that:

- I am responsible for listing the services in question 6 and acknowledge that Department of Veterans' Affairs payments for the services listed were received which were not entitled.
- the information provided in this form is complete and correct.

#### I understand that:

• giving false or misleading information is a serious offence.

Your full name	
Your signature	Date (DD MM YYYY)
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## **Returning this form**

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents by:

 email to veterans.processing@servicesaustralia.gov.au

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

post to

DVA Overpayments GPO Box 964 ADELAIDE SA 5001

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