



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.

Contact information

1 Provider number

2 Name of facility if applicable (for example, hospital name, nursing home name, community nursing name)

3 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

4 Postal address

Postcode

5 Daytime phone number (including area code)

Email



MCA0M0057 2412

