



Purpose of this form

Complete this form if you are a requester or provider of diagnostic imaging (DI) or pathology services and you have knowledge that another person has asked for or accepted or offered or provided a prohibited benefit, or made a threat.

A requester or provider is defined under Section 23DZZIE(1), (2) and (3) of the *Health Insurance Act 1973* (the Act). If you are not a requester or provider of DI or pathology services, you must complete the online **Reporting suspected fraud** form.

To access the form go to our website health.gov.au/internet/main/publishing.nsf/content/reporting-suspected-fraud

Prohibited practice may include:

- a person connected to you asked for or accepted a benefit from a provider or a person connected to a provider and the benefit would be reasonably likely to induce requests for services (see subsection 23DZZIK(2), (3) of the Act)
- a person connected to you offered or provided a benefit to a requester or a person connected to a requester and the benefit would be reasonably likely to induce requests for services (see subsection 23DZZIL(2), (3) of the Act)
- a person connected to you threatened a requester or a person connected with a requester and the threat would be reasonably likely to induce requests for services (see subsection 23DZZIM(2), (3) of the Act)
- another person accepted a benefit from a third person with the intention of inducing you the requester to request services from a particular provider, where the benefit is intended to induce requests for services (see subsection 23DZZIQ(4), (7) of the Act)
- another person offered or provided a benefit to a third person with the intention of inducing a requester to request services from you, the provider (see subsection 23DZZIR(3), (5) of the Act) and
- another person threatened a third person with the intention of inducing a requester to request services from you, the provider (see subsection 23DZZIS(3), (5) of the Act).

This form is approved for the purpose of making reports to the Chief Executive Medicare under subsections 23DZZIK(3), 23DZZIL(3), 23DZZIM(3), 23DZZIQ(7), 23DZZIR(5) and 23DZZIS(5) of the Act.

For more information

For more information about prohibited practices go to our website health.gov.au or for assistance completing this form call **1800 314 808** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

Completing this form

- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between
- You should retain a copy of this completed form for your records.

Returning your form

Check that you have answered all questions required and you have signed and dated this form.

Send the completed form by:

Email provider.benefits.integrity@health.gov.au

Mail **Department of Health
Provider Benefits Integrity Division
GPO Box 9848,
Canberra ACT 2601
Australia**

Your details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

2 Date of birth

 / /

3 Postal address

 Postcode

4 Daytime phone number

 ()

Email

 @

Report

5 Is this report on behalf of a company, business or organisation?

No **Go to 8**

Yes

6 Give details about the company, business or organisation.

7 What is your role in the company, business or organisation?

Type of conduct being reported

8 Indicate the general nature of the conduct you are reporting
Tick ONE only

I am a requester of diagnostic imaging (DI) or pathology services who knows that another person asked for or accepted a benefit in relation to the requesting of DI or pathology services.

I am a provider of DI or pathology services who knows that another person offered or provided a benefit in relation to the requesting of DI or pathology services.

I am a provider of DI or pathology services who knows that another person made a threat in relation to the requesting of DI or pathology services.

Details of conduct you are reporting

9 Who engaged in this conduct?

Note: Include names and any other relevant details of individuals, companies, businesses or organisations who engaged in, or were responsible for this conduct.

Lined area for providing details of who engaged in the conduct.

10 Do you have a relationship or connection with any of the parties who engaged in this conduct?

No

Yes Give details below

Lined area for providing details of a relationship or connection.

11 Where applicable, provide details about:

- the nature of the benefit asked for, accepted, offered or provided (e.g. a financial benefit or some other type of benefit)
- other relevant information about that benefit (e.g. amounts involved)
- the person(s) threatened and nature of the threat, and
- the date(s) on which this conduct occurred.

Lined area for providing details about the benefit and threat.

12 What was the date on which you first became aware of this conduct?

/ /

13 Indicate why you believe this conduct happened

Tick ONE only

To induce a requester to request DI or pathology services from a particular provider

Other reason (give details below)

Lined area for providing other reasons for the conduct.

 If you require more space to answer questions 9 to 13, attach a separate sheet with details.

Acknowledgement

14 Would you like an acknowledgement to confirm this form has been received by the Department of Health?

No **Go to 16**

Yes

15 I would like an acknowledgement of confirmation sent to my:

Email

Postal address

Declaration

16 I understand that:

- giving false or misleading information is a serious offence
- personal information may be disclosed under the *Freedom of Information Act 1982*
- if I do not provide my name and/or contact details, protection under the legislation may not apply.

I declare that:

- the information provided in this form is complete and correct.

Signature

Date

Privacy notice

Personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Health for the assessment and administration of payments, services and compliance actions. The information in this form is necessary for the performance of compliance functions related to the *Health Insurance Act 1973* and the *Criminal Code Act 1995*.

The Department of Health may give the information in this form to other parties such as the Commonwealth Director of Public Prosecutions, Department of Home Affairs, Department of Veteran's Affairs, Australian Health Practitioner Regulation Agency and the Department of Human Services for compliance and related purposes, including where required or authorised by law.

If you do not provide your personal information in this form, we will be unable to process the form or take any action in furtherance of your report.

For more information about the way in which the Department of Health manages personal information, go to health.gov.au/privacy or request a copy of the Privacy Policy from the Department.