



Treatment Service Voucher

- ◆ You do not need to print or retain this page
 - ◆ Each service voucher must be used only for services rendered to one patient, at the one attendance
 - ◆ Please remember to sign the Duplicate and Triplicate copy
- 1 If you are completing this form online, please complete the Patient Details section on page 2 by writing the patient's file number, first name, initial and surname. ***If the file number is not known***, include date of birth and address. You ***do not*** need to print or retain this page.
 - 2 Please complete all relevant sections.
 - 3 When you complete the top section of the form the Duplicate and Triplicate will be filled in automatically.
 - 4 The 'Condition Treated' section should only be completed if the veteran holds a White card for specific conditions, or if the service is an emergency.
 - 5 The 'Treatment Location' section should only be completed if the service is not conducted in rooms. If the service is provided in a hospital, specify the hospital in the space provided.
 - 6 If pathology is requested, provide a brief description.
 - 7 Ensure the patient provides the information requested and signs the form. If the patient is unable to sign, please sign the appropriate section.
 - 8 For emergency services, cross and sign the appropriate section.
 - 9 ***For manual claiming:*** Submit the Departmental copy and any relevant documents with your claim, and ensure the patient receives the Patient copy. Keep the Claimant copy for your records. ***For online claiming:*** You need only keep the claimant copy and relevant documents for your records.

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