



## Treatment Service Voucher for use by Specialists and Consultant Physicians only

- ◆ Each service voucher must be used only for services rendered to one patient, at the one attendance
  - ◆ LSPN required for diagnostic imaging/radiation oncology services only
  - ◆ Diagnostic Imaging Substitution Services  
– refer to instruction sheet.
- 1 Please complete the Patient Details section 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.
  - 2 Write the Item Number or Description of Service in the space provided.
  - 3 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.
  - 4 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.
  - 5 If pathology is requested, provide a brief description.
  - 6 Ensure the patient provides the information requested and signs the form. If the patient is unable to sign, please sign the appropriate section.
  - 7 For emergency services, cross and sign the appropriate section.
  - 8 Submit the Departmental copy and any relevant documents with your claim, and ensure the patient receives the Patient copy. Retain the Claimant copy for your records.

PRIVACY NOTE: The information sought on this form is to enable service verification and claim processing. This information will be disclosed to Medicare Australia to process the payment.

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