



◆ **Each service voucher must be used only for services rendered by one practitioner to one patient**

- 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 Complete all relevant sections.
- 3 The 'Condition Treated' section must be completed if the veteran holds a Repatriation Health Card for Specific Conditions (WHITE CARD).
- 4 Please ensure the patient signs the form against each service.
- 5 Please submit the Departmental copy with your claim and ensure that any relevant documents are attached.
- 6 Please ensure that the patient receives the Patient copy.
- 7 The Claimant copy may be retained as your record.
- 8 The information sought on this form is to enable service verification and claim processing. This information will be disclosed to the Department of Human Services to process the payment.

Manual Claiming

Mail your treatment vouchers to the appropriate address for processing:

Veterans' Affairs Processing
Department of Human Services
GPO Box 964, Adelaide SA 5001

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