



Australian Government

Department of Veterans' Affairs

Claim for Costs of Relevant Documentary Medical Evidence Incurred by Applicants to the Veterans' Review Board (VRB)

Applicants to the Veterans' Review Board (VRB) may be reimbursed the costs of obtaining medical evidence. Certain conditions apply:

- Any relevant documentary medical evidence must be obtained after the day on which the applicant received notice of the decision which is the subject of the review. This notice is sent out by the Department of Veterans' Affairs.
- "Relevant documentary medical evidence", in relation to an application to the VRB, means certificates, reports or other documents from a medical practitioner or a hospital, or similar institution, in which the applicant or veteran has received medical treatment.
- The relevant documentary medical evidence must be submitted to the VRB (including cases where the VRB claim has been withdrawn).
- **The application for payment must be made within 3 months after the relevant documentary medical evidence was submitted to the VRB.**

A maximum amount of \$1000 for obtaining such relevant documentary medical evidence for each condition may be reimbursed.

Reimbursement of reasonable travelling expenses incurred in obtaining such medical evidence, and travelling expenses for those of an attendant, to a maximum of \$500 without prior approval, may also be paid. A separate claim form (D803) must be lodged within 3 months after the completion of that travel. Claims for travel received later than 3 months after completion of that travel cannot be paid. Please enquire for further details.

When completed, this form is to be forwarded to your Department of Veterans' Affairs office (addresses are listed overleaf)

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

There are penalties for making false statements.

If any of the details you give in this form change, you must tell the Department within 21 days.

How to contact DVA

For information, please call the Department of Veterans' Affairs
(from anywhere in Australia) on:

1800 555 254

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	6 Bowes Street Woden ACT	GPO Box 9998 Brisbane QLD 4001

Please write in BLOCK LETTERS.

Please answer all questions as directed.

DVA file number (if known)

Applicant's Details

1. **Veteran's surname**
2. **Veteran's given names**
3. **Applicant's surname**
(if different from veteran)
4. **Applicant's given names**
(if different from veteran)
5. **Relationship to veteran**
6. **Veteran's/Applicant's postal address**

 Postcode
7. **Veteran's/Applicant's telephone numbers**
Home ()
Work ()

Reimbursement of costs of relevant documentary medical evidence can only be made if a claim has been lodged with the VRB asking for a review of a Repatriation Commission decision.

8. **When was the application for a review of a Repatriation Commission decision lodged?** / /
9. **Where was it lodged?**
10. **Which disability(ies) does the report(s) refer to? (as described in the letter of decision sent out by DVA)**

Source of Additional Medical Evidence

11. **Name of medical practitioner, hospital or similar institution that provided the additional medical evidence**
12. **Date of medical report** / /
13. **Has the report been submitted to the VRB?** No Yes
14. **What was the cost of the additional evidence?** \$
15. **Have you claimed/intending to claim reimbursement for this expense elsewhere?** No Yes - Please give details

Declaration

I wish to claim reimbursement of costs incurred in obtaining the relevant documentary medical evidence to support my review to the VRB.

The information I have provided is complete and accurate.

I am aware that there are penalties for making false statements.

Applicant's signature

Date

Please remember to attach ALL receipts

Authority to act on behalf of an applicant who is *unable to sign*

16. Your surname

17. Your given names

18. Address

<input type="text"/>
Postcode

19. Telephone numbers

Home

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Work

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I declare that I am authorised by

to act on her/his behalf in matters relating to this claim.

Signature

Date

Please remember to attach ALL receipts

OFFICE USE ONLY

Recommend Payment of	\$ <input type="text"/>	under Section 170A
Examiner's signature	<input type="text" value=" / /"/>	
Payment approved	<input type="checkbox"/>	
Payment not approved	<input type="checkbox"/>	
Commission Delegate's signature	<input type="text" value=" / /"/>	
