Australian Government
Department of Veterans' Affairs

Claim for Treatment Services

- **To claim all treatment services rendered by the one practitioner at or from the one practice address**

Manual Claiming

Mail your treatment vouchers to the appropriate address for processing:

Allied Health
National
GPO Box 964, Adelaide SA 5001

Medical/Specialists
Providers in VIC, QLD, TAS:
GPO Box 9869, Melbourne VIC 3001
Providers in WA, ACT, NSW, NT, SA:
GPO Box 9869, Perth WA 6848

Hospital
Providers in VIC, TAS, QLD:
GPO Box 9917, Melbourne VIC 3001
Providers in WA, ACT, NSW, NT, SA:
GPO Box 9917, Perth WA 6848

1. Complete the provider details in the space provided.
   NOTE: If the service provider does not have a provider number for the practice address from which the services were rendered e.g. temporary locum, the provider number of another practice address will suffice.
2. Complete all other sections. NOTE: The Pathology Inpatient Box (above and on following pages) should only be completed if all the services in this claim are in-patient pathology services.
3. Forward the Departmental copy for payment with the service vouchers covered by the claim. Preferably, no more than 50 service vouchers should be attached to the claim.
4. Ensure relevant documents are attached to the service vouchers (e.g. D904 Request/Referral).
5. The information sought on this form is required for provider verification and claim processing. This information will be disclosed to the Department of Human Services to process the payment. If necessary, DVA may pass the information on this claim to State registration authorities and/or professional associates.

STAPLE ATTACHMENTS HERE

PROVIDER DETAILS

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

NAME

ADDRESS

PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN

Provider number

IMPORTANT Payment will be made through the Service Provider Number if this section is not completed.

Payee's Provider Number

Print Name of Payee Provider

I authorise the Department of Veterans' Affairs to make payment in respect of the attached vouchers, to the Payee Provider at or from whose practice the services were rendered.

D1217 (08/17) – Original – Department copy

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Claim for Treatment Services

DATE OF CLAIM (DD / MM / YY) / / CLAIM NUMBER

NUMBER OF VOUCHERS TOTAL AMOUNT CLAIMED $.

I claim payment for all professional services specified in the attached vouchers and certify:

- that the services were rendered by me or on my behalf and to the best of my knowledge and belief all information in this claim is true
- that none of the amounts claimed is for a service which is not payable by the Department of Veterans' Affairs
- that no charge was or will be levied against the patient/s for the service/s
- that a copy of the Service Voucher was given to the patient.

Signature of provider who rendered the service / /

STAPLE ATTACHMENTS HERE

PROVIDER DETAILS

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

NAME

ADDRESS

PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN

Provider number

IMPORTANT Payment will be made through the Service Provider Number if this section is not completed.

Payee's Provider Number

Print Name of Payee Provider

I authorise the Department of Veterans' Affairs to make payment in respect of the attached vouchers, to the Payee Provider at or from whose practice the services were rendered.

D1217 (08/17) – Duplicate – Claimant copy

Australian Government
Department of Veterans' Affairs

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Claim for Treatment Services

DATE OF CLAIM (DD / MM / YY) / /

CLAIM NUMBER

NUMBER OF VOUCHERS

TOTAL AMOUNT CLAIMED $.

I claim payment for all professional services specified in the attached vouchers and certify:

- that the services were rendered by me or on my behalf and to the best of my knowledge and belief all information in this claim is true
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- that no charge was or will be levied against the patient/s for the service/s
- that a copy of the Service Voucher was given to the patient.

Signature of provider who rendered the service / /