



MRI/PET Scan Prior Financial Approval Request form

Please send completed form to health.approval@dva.gov.au

The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA for determining and/or providing the benefits under the relevant legislation. The information will be treated in a confidential manner. However, it may be used for clinical review, audit or management purposes or disclosed to the client's general practitioner.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programmes 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.](#)

Date

/ /

Entitled Person Details

1. DVA File Number

2. Patient name

3. Email address

I have confirmed with the patient that they would like to receive the outcome of the request via the email address provided above

4. Card type

White

Gold

5. White Card condition

6. Type of MRI/Pet scan

7. Referral attached

No

Yes

8. Clinical reason for scan

Referring Provider Details

9. Provider Number

10. Provider name

11. Telephone Number

12. Email (optional)

Servicing Provider Details

13. Provider Number

14. Provider name

15. Provider address

POSTCODE

16. Type of machine licence

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17. Telephone Number

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18. Email

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19. Item numbers

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20. Date of requested service

/ /

21. Fee

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Please ensure all information is clearly written, complete and correct as missing or incorrect information, including clinical justification for request, may delay the processing of your request.