



Prior Approval Request Form for DVA Clients receiving treatment outside Australia

Please send completed form and any supporting documentation to: Health.Approval@dva.gov.au

This form is to be used to request prior financial approval for treatment being provided to DVA clients residing, or travelling outside of Australia. While overseas, DVA can only fund medical treatment for accepted service related conditions. This does not include conditions accepted under the Non-Liability Health Care or Provisional Access to Medical Treatment arrangements.

Treatment can include:

- surgery;
- procedures;
- physiotherapy, optical, dental or other allied health treatment;
- aids or appliance.

You do not need to request prior approval for all of these treatments. Prior approval is only required where:

- DVA is paying the provider directly for the treatment; or
- The Veterans' Affairs agencies in New Zealand or Canada will be paying the provider directly on DVA's behalf (see **Part B** of this form for more information on these payment arrangements).

If you are going to pay for the treatment and seek reimbursement from DVA you do not need to seek approval.

If you would like to check your eligibility for DVA funding for the treatment you are planning to have you can indicate this in the check box below. This will provide you with an indication of whether DVA will reimburse you for your proposed treatment.

- I am seeking confirmation of eligibility for treatment so I can be confident I will be reimbursed for treatment I have paid for.
- I am requesting prior approval for treatment so that DVA can pay the provider directly for the treatment, or authorise Veterans' Affairs New Zealand or Canada to pay the provider.

It is the responsibility of the DVA client to have this form completed by the provider(s) involved in the requested treatment.

This form has two Parts:

Part A - Requesting treatment/surgery.

Part B - Requesting that DVA pay the provider directly for treatment.

If you do not have access to email please post the completed form to:

Health Approvals & Home Care team
Department of Veterans' Affairs
GPO Box 9998, Brisbane QLD 4001

For further information and support to complete this form please call DVA on **+61 2 6289 1133** and ask to speak to the Health Approvals & Home Care team.

A request for prior approval, or to determine eligibility for treatment, must:

- Be for treatment for your accepted service related condition(s).
- Be in English, or include a translation of the request into English. DVA does not pay for the cost of translation.
- Provide a detailed estimate of the cost of the treatment, including an itemisation of fees for doctors, nurses, hospital, rehabilitation and aids.
- Unless for an emergency admission, be submitted at least four weeks before the proposed treatment to allow time for the processing of the request.

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.](#)

Client Details

1. DVA File number

2. Surname

3. Given name(s)

4. Address

5. Email address

6. Accepted service related condition(s) to which the requested treatment relates:

PART A - Requesting treatment/procedure/surgery

If you are completing this form to:

- Obtain approval for treatment providers whom you receive regular treatment from, please provide the details of the facility that each provider operates out of. If you are requesting treatment from multiple providers or in multiple facilities, please complete additional pages as necessary
- Request surgery or a procedure - please supply all providers involved in the procedure, as well as the details of the facilities you will be visiting, or staying in for the treatment. You do not need to provide facility address details for each individual provider who will be involved in the surgery and post-surgery treatment.

Details of Provider

7. Provider name

8. Provider type (e.g. GP, Specialist, Dentist, Physiotherapist)

9. Address

10. Contact person

11. Contact number

12. Email address

Facility details where treatment will be provided

13. Name of facility

14. Address

15. Contact number

16. Email address

If you will be seeing multiple providers, please complete additional pages as necessary.

Details of requested treatment

In order to process your request for prior approval, please ask each of the provider(s) to complete details below or provide a quote or a clinical letter (in English) addressing the following:

17. Date(s) of requested treatment

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18. Details of treatment being requested

19. Clinical justification for why treatment is required for the treatment of the patient's service related condition

20. Cost of treatment, including itemisation of doctors' fees, medical supplies etc. (This information can be attached to the form if required)

21. Current Health conditions/problems that may impact on requested treatment

22. Current medication(s)

23. Please provide details of how the patient will obtain post-operative care, where it is required, and the details of the post-operative care required

Details of medications required in conjunction with treatment requested above

If there is more than one medication required please attach a separate page which sets out the below details for each medication:

24. Details of prescribing doctor/provider (if applicable)

25. Name of medication

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26. Dosage and quantity of medication

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27. Purpose of medication

PART B - Requesting DVA pay the provider directly for treatment

Countries other than New Zealand, Canada and the USA

Where you require DVA to pay the provider directly for approved treatment, you will need to confirm the provider will accept payment from DVA after treatment has been provided.

DVA takes approximately 15 business days to process and pay an invoice from an overseas provider once received. If your provider is unwilling to wait for payment, you have the option of either choosing a new provider, or paying the provider personally and seeking reimbursement from DVA.

Once treatment has been provided your provider(s) should email a detailed and itemised invoice (including bank account details) for the treatment to: Overseas.Treatment@DVA.gov.au

28. Have you confirmed with the provider that they will accept payment for the treatment from Department of Veterans' Affairs after the treatment has been provided?

No

Yes Name of person who provided confirmation

Contact details

29. Does the provider require a guarantee of payment letter?

No

Yes Name of person who requires the letter (if different from person above)

Email address

30. Currency Billed

New Zealand, Canada and the USA

DVA has administrative agreements in place with New Zealand and Canada whereby the Veterans' affairs agencies can pay providers in their countries on DVA's behalf. Canada also pays some USA providers on DVA's behalf. DVA then reimburses the Veterans' affairs agencies in New Zealand and Canada for payments they have made.

Please advise your provider to send their invoice for payment to:

New Zealand Providers: vanzaccounts@nzdf.mil.nz

Canada and USA Providers: Elizabeth.Pritchard@vac-acc.gc.ca
Christine.lecuyer@vac-acc.gc.ca

If your provider would like to be paid at the time of treatment, instead of in the timeframe it takes Veterans' Affairs NZ or Canada to process the invoice, you have the option of either choosing a new provider, or paying the provider and seeking reimbursement from DVA directly. To obtain reimbursement please complete the Application for Reimbursement of Medical Expenses Privately Incurred (form D1181) which is available on the DVA website:

<https://www.dva.gov.au/about-dva/dva-forms>

Email the completed form, the invoice and evidence that you have paid it to Overseas.Treatment@dva.gov.au

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