



Compensation Above Rate Approval Request Form

Please send completed form and any supporting documentation to: compensation.trn.prior.approval@dva.gov.au

This form is to be used for requesting above rate approval to provide compensation medical assessment and psychiatric report services to eligible veterans prior to providing the service and is to be used for medical assessments where the service is not outlined on [Fee notes for GPs and specialists | Department of Veterans' Affairs](#).

- DVA's Guidance on Reasonable Fees for compensation medical assessments is at [Fee notes for GPs and specialists | Department of Veterans' Affairs](#)
- Above rate fees will not be payable without written prior approval*.
- A fee is payable per request not per condition.
- Please only provide the information/report requested. If further information or investigations are required DVA will advise.
- Costs for additional investigations, extraneous information or reports not specifically requested by DVA will not be payable.
- Clinical investigations made prior to initial claim lodgement should be billed through MBS (if eligible) rather than to DVA.
- Invoices should be itemised.
- Invoices will be subject to review and may not be payable if the above conditions are not met.

Please attach clinical justification to this form.

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 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](#)

Is this request for a treatment service?

No Yes ► Do not complete this form and proceed to the [D1328 Treatment Prior Financial Approval Request Form](#)

Is the service covered under the MBS?

No Yes ► Do not complete this form and proceed via the Medicare Benefit Scheme (MBS).

Have you received a request for information from DVA?

Yes No ► Do not complete this form. DVA is not financially responsible for services provided prior to claim lodgement and without a valid (TRN Notice).

Transaction Reference Number (TRN):

Name of person completing this form

Date form completed

Entitled Person Details

1. DVA File Number

2. Surname

3. Given name(s)

4. Date of birth

5. Claim Number

Details of Compensation Medical Assessment and Psychiatric Report Service

6. Details of service for which you are seeking prior financial authorisation. Please include the corresponding item number(s) if relevant

[Fee notes for GPs and specialists](#)

Please attach separate pages as necessary.

7. Please provide justification for why the assessment is above the advertised Schedule of Fees.

Please attach separate pages as necessary.

8. Proposed Above Rate Fee

9. Please provide an itemised breakdown of the components of this fee.

Please attach separate pages as necessary.

Provider Details

10. Provider Name

11. Medicare Provider Number

12. Australian Business Number (ABN)

13. Provider Type (e.g. GP, Specialist, Dentist, Psychiatrist, Audiologist)

14. Address

15. Telephone Number

16. Email Address

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.