



HOSPITAL ADMISSION VOUCHER

A separate Admission Voucher is required for each admission

- 1 The Admissions Officer will request the patient's DVA entitlement card.
- 2 Please complete the "Patient details" section by entering the patient's file number, first name, initial and surname, and principal diagnosis. **If the file number is not known**, the date of birth and address should be included.
- 3 **If a gold card is presented**, DVA accepts financial responsibility for the admission, and the voucher may be filled in with no further action required by the Admissions Officer.
- 4 **If a white card is presented**, or if DVA entitlement is claimed but no card is produced, eligibility for admission at DVA expense will need to be established. This can be done by:
Phone: 1800 550 457
- 5 Details to be supplied to DVA in order to establish patient eligibility are:
 - patient's DVA number (if known)
 - patient's name
 - date of birth
 - home address
 - principal diagnosis
 - name of hospital, contact name and telephone/fax number
- 6 Patients should not be recorded as DVA on the hospital's admission system until eligibility has been confirmed.

D652B 10/17

----- cut on this line -----

<p>Patient details</p> <p>Patient's DVA file No.</p> <p>First name Initial Surname</p> <p>.....</p> <p>Date of birth / /</p> <p>Address</p> <p>.....</p>
<p>Admission details</p> <p>Principal diagnosis</p> <p>.....</p> <p>Date of admission / /</p>
<p>Hospital details</p> <p>Hospital name</p> <p>Contact name</p> <p>Phone ()</p>

Australian Government
 Department of Veterans' Affairs

HOSPITAL ADMISSION VOUCHER

The information in this form is required to identify the patient, determine patient eligibility under the Department of Veterans' Affairs and to obtain authorisation from the patient for disclosure of clinical information relating to the patient.

Patient Declaration

I authorise disclosure of information from my clinical records, to the Repatriation Commission/Military Rehabilitation and Compensation Commission, and the Department of Veterans' Affairs.

Patient or agent's signature / /

If patient is unable to sign, please state agent's name

.....

Relationship to the patient

D652B 10/17

----- cut on this line -----

<p>Patient details</p> <p>Patient's DVA file No.</p> <p>First name Initial Surname</p> <p>.....</p> <p>Date of birth / /</p> <p>Address</p> <p>.....</p>
<p>Admission details</p> <p>Principal diagnosis</p> <p>.....</p> <p>Date of admission / /</p>
<p>Hospital details</p> <p>Hospital name</p> <p>Contact name</p> <p>Phone ()</p>

Australian Government
 Department of Veterans' Affairs

HOSPITAL ADMISSION VOUCHER

The information in this form is required to identify the patient, determine patient eligibility under the Department of Veterans' Affairs and to obtain authorisation from the patient for disclosure of clinical information relating to the patient.

Patient Declaration

I authorise disclosure of information from my clinical records, to the Repatriation Commission/Military Rehabilitation and Compensation Commission, and the Department of Veterans' Affairs.

Patient or agent's signature / /

If patient is unable to sign, please state agent's name

.....

Relationship to the patient

D652B 10/17