



## Purpose of this form:

The Department of Veterans' Affairs (DVA) uses this form to assess requests for the payment of the *Additional Travel* with regard to an eligible veteran or war widow/widower (entitled).

(See *Guidelines for the provision of community nursing services - 1 March 2010 - Attachment B - Additional Travel*).

This form is used for:

- Additional Travel for claims classified under the Schedule of Fees OR with Exceptional Case Status.

## An amount for Additional Travel may be paid where:

- The distance travelled is in a rural or remote area.
- The nurse/care worker's final departure point to the entitled person's home to provide community nursing services is greater than twenty (20) kilometres one way.

## In assessing Additional Travel DVA may consider:

- Proximity to the entitled person of other suitable DVA-contracted community nursing providers or their personnel; and
- whether the provider is already receiving Additional Travel payments for other DVA entitled persons while enroute to this person.

### Please Note:

- Referrals for community nursing should be to the nearest suitable provider.
- Additional Travel is not paid for travel in metropolitan areas.
- All community nursing fees under the Schedule of Fees already include a travel component.
- Where the entitled person's requires multiple daily visits, the community nursing fee includes a travel component for the additional visits.
- When calculating Additional Travel, DVA deducts the first 10 kilometres from the journey.
- If details on this form change, you must notify DVA within 7 days.

### Link to the ECU forms:

[www.dva.gov.au/service\\_providers/community\\_nursing/Pages/forms.aspx](http://www.dva.gov.au/service_providers/community_nursing/Pages/forms.aspx)

## Completing this form:

- Please use BLACK pen to complete all information on this form
- DVA cannot assess an incomplete or illegible form

**Contacting the ECU:** If you require assistance to complete this form, telephone the ECU on:  
**1800 636 428**

**Submitting this form:** Either **POST** the signed application form and relevant attachments (including the nursing treatment/care plan) to the following address:

**Exceptional Case Unit  
Department of Veterans' Affairs  
GPO Box 9998,  
Canberra, ACT, 2601**

Or **FAX** the signed application form to the ECU on the following number:  
**(02) 6289 6682**

**OR**

**The preferred method is via DVA's secure e-mail.**

Please contact the ECU on **1800 636 428** to register for this option.

About secure e-mail:

[www.dva.gov.au/help/sensitive/Pages/AboutSecureMail.aspx](http://www.dva.gov.au/help/sensitive/Pages/AboutSecureMail.aspx)

### Please note that in submitting this form:

- DVA must receive the full application within 28 days of the requested commencement date of Additional Travel, otherwise the commencement date may be delayed until the 28-day period.

**Privacy Notice:** The person completing this form is responsible for ensuring that the entitled person is aware that the:

- Entitled person’s information will be forwarded to DVA for determining benefits under the *Veterans’ Entitlement Act 1986* and/or the *Military Rehabilitation and Compensation Act 2004*;
- Information, in certain circumstances, may be used for review or audit purposes or be disclosed to the entitled person’s Local Medical Officer (LMO), General Practitioner, Specialist or other health professional;
- Information will be treated in a confidential manner.

**Eligibility**

**Question 1** is compulsory for ALL applications

**1: Does the entitled person live in a rural remote area?**

No  ► You are not eligible for Additional Travel

Yes  ► Is the distance travelled from the nurse’s final departure point to this entitled person’s home twenty (20) kilometres or more one way?

No  ► You are not eligible for Additional Travel

Yes  ► Are you the nearest suitable provider to this entitled person?

No  ► Has prior approval been sought from DVA if you are not the closest provider?

No  ► Please provide reason


Yes

**Type of application**

**2: Does this application for payment of Additional Travel relate to an entitled person with Exceptional Case Status?**

No  Yes

**Provider details**

**3: Provider name**

**4: Provider number**

**5: Provider site (if applicable)**

**6: Address**


**7: Contact person’s name**

**8: Phone**

**9: Fax**

## Entitled person details

10: DVA file number

11: Date of birth

 

12: Title

Mr  Mrs  Miss  Ms  Other

13: Surname

14: Given name(s)

15: Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

## Referral details

16: Referrer's Provider number

17: Date of referral

 

## Claim details

18: Commencement date for the first relevant 28-day claim period covered by this application

 

**Note:**

This date **must** match the claiming data on the corresponding claim for payment to Medicare Australia.

This application is for **travel component only** - a separate item number is claimed for care provision.

19: How many 28-day claim periods are sought for Additional Travel?

 28-day periods

The maximum number of periods that can be approved on one application is six (6).

Schedule Fee Item Number (compulsory)

## Visits and departure points

20: Total number of visits to this entitled person per 28-day claim period (include both visits that involve Additional Travel and visits that do not require Additional Travel).

 ► How many visits include Additional Travel?

**21: Give details of visits for which Additional Travel is sought for this entitled person for the 28-day claim period (use a separate section for each departure point).**

Departure point  Full name and address of final departure point to visit this entitled person	Is this base, nurse's home or previous client?			Number of visits per 28 day claim period	Number of kilometres one way per visit*
	Base	Home	Previous Client		
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\*NOTE: Distance is to the entitled person's front door, rather than boundary of property.

**Additional comments**


**Declaration**

I declare that the information I have supplied on this form is true and correct

I am aware that there are penalties for making false statements (*Guidelines Section 12.14 Inappropriate claiming for service*)

**22: Designation****23: Full name****24: Phone****25: Signature**

Date

**Note:**

If any changes occur to the information provided above, it is your responsibility to notify DVA immediately. See *Guidelines 12.5* for information on claiming multiple item numbers.