



Application for Provisional Access to Medical Treatment (PAMT) Reimbursement

NOTE: All accounts must have been paid in full and itemised receipts need to be included with this application form for payment.

DVA will not reimburse repeat visits to a provider who does not accept DVA cards. As soon as possible, please locate a registered provider in your area who accepts DVA cards.

Further information on the PAMT trial can be found on the DVA website - www.dva.gov.au

Your Details

1. Title Mr Mrs Ms Other

2. DVA File number

3. Surname

4. Given name(s)

5. Date of birth
DD MM YYYY

6. Postal address

 State Postcode

7. Contact details

AREA CODE

Phone

Mobile

Email

8. If your DRCA/MRCA claim was declined after 1 July 2017, do you currently have an outstanding appeal?
No Yes

Applicant's bank details if not currently in receipt of a DVA payment

9. Account name

10. BSB

11. Account number

12. Reason you paid for treatment?

DVA card not issued at the time of consult Treated overseas

Provider did not accept Treatment Confirmation Form Provider did not accept White Card

White Card was not presented Other - please specify

Details of Applicant, where beneficiary is deceased or unable to apply

13. Surname

14. Given name(s)

15. Postal address

State Postcode

16. Relationship to client (e.g. Advocate, Power of Attorney etc.)

17. Contact number

AREA CODE Mobile

18. Details of Medical Expense(s) being claimed

Full name and address of provider, hospital or pharmacy	Item or service claimed	Date of service	Cost of treatment	Benefit received from Medicare	Benefit received from Health Fund
		/ /	\$	\$	\$
		/ /	\$	\$	\$
		/ /	\$	\$	\$
		/ /	\$	\$	\$
		/ /	\$	\$	\$
		/ /	\$	\$	\$
TOTAL Reimbursement			\$	\$	\$

- **Specialist Consults (i.e. Surgeon consults/MRI/Pet Scan)** – all accounts must be accompanied by a referral from the doctor, the referral must state the reason for the treatment and/or specialist consultation.
- **Doctors & Allied Health Services (i.e. GP, Physiotherapist, Dentist, Podiatrist, Spectacles, Footwear, Orthotics, Wound Dressings)** – all accounts must show the date and cost of each treatment and written clinical justification that treatment was related to your PAMT condition(s) - for footwear, orthotics and wound dressings, written clinical justification must also be supplied.
- **Imaging (x-rays, scans) & Pathology (Blood Tests)** – all accounts must show the date & cost of each treatment and be accompanied by a referral from the doctor who prescribed the treatment and the reason for the treatment type.
- **Hospital Account – including: private room/day procedure/facility fee** – all accounts must show the date of admission and discharge from hospital, state the nature of the condition treated, include an itemised list of all charges and be signed by the treating doctor.
- **Pharmaceutical items, including: full-cost prescription and non-prescription medicines such as over-the counter items** – not all pharmaceuticals are eligible for a refund. All receipts should be itemised dispensary receipts or supported by a copy of each related prescription.
- **Aids, Appliances & home modifications (i.e. dressings, knee brace, hire of crutches, continence aids, compression garments)** – all accounts must show the type of product supplied and be supported by a referral from the prescribing doctor. Where self-prescribing an aid/appliance a clinical explanation is required.
- **Accounts reimbursed by Medicare or Private Health Insurance** – if you did not have a DVA health card issued at the time of your treatment and you have made a claim through Medicare or a private health insurer, you will need to ask for a statement of benefits paid, in order for DVA to consider reimbursement of any gap costs.

