



Please send completed form and any supporting documentation to: [health.approval@dva.gov.au](mailto:health.approval@dva.gov.au)

If you do not have access to email please post the form to: Health Approvals & Home Care team, Department of Veterans' Affairs, **GPO Box 9998, BRISBANE QLD 4001.**

This form is to be used for requesting prior financial approval to provide orthotic services to eligible veterans, war widow/ers and dependents. Specifically, the form is for seeking approval to provide:

- orthotic services above financial and quantity limits listed in the Orthotists Schedule of Fees; and
  - item numbers that require prior financial authorisation listed in the Orthotists Schedule of Fees, such as custom orthoses.
- Please note there are other prior approval request forms that relate to certain types of services, such as dental, optical, MRI and PET scans, chiropractic, physiotherapy and osteopathy. Please check the available forms to ensure you are using the most appropriate form.

Please attach clinical justification to this form. For further information and support please contact the **Provider Hotline Number: 1800 550 457.**

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 local 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.](#)

## Entitled Person Details

**1: DVA file number**

**2: Surname**

**3: Given name(s)**

**4: Date of birth**

**5: Email address**

I have confirmed with the patient that they would like to receive the outcomes of the request via the email address provided above

**6: Card type** Gold  White  ▶ **Conditions/disability to be treated**

▶ Contact DVA to check eligibility under the client's Accepted Disability(ies) on **1800 550 457.**

**7: Does the entitled person live in a Residential Care Facility?** No  Yes  ▶ **Level of care**

High  Low

**Name of Residential Aged Care Facility**

**8: Is the entitled person in hospital?** No  Yes  ▶ **Name of hospital**

## Details of Treatment or Service

We recommend that you do not book any treatment or service requiring DVA prior approval until after prior approval has been obtained. This ensures treatment does not have to be re-booked where the prior approval cannot be assessed before the pre-arranged treatment date.

**9: Why was the entitled person referred to you?**




Please attach a copy of the referral

**10: Why would a prefabricated or customised orthosis NOT suit the condition (if applicable)?**


**11: How does the requested item(s) meet all of the clinical needs and why is it appropriate?**


If insufficient space, please attach a separate sheet

## Service/Item Number Details (if applicable)

**12: Item number(s) (if applicable)**

[From orthotist schedule of fees](#)

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**13: Please provide a cost breakdown**

(NOTE: attachments such as invoices can be added but require a full breakdown as indicated in this table)

	Quantity	Cost (excl of GST)
Consultation fee:		\$
Item:		\$
Item:		\$
Item:		\$
Other:		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

**Provider Details**

**14: Provider name**

**15: Provider number**

**16: Address**

  

POSTCODE

**17: Telephone number**

**18: E-mail 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.