



Application for Reimbursement of Medical Expenses Privately Incurred

As soon as possible please locate a registered provider in your area who accepts the Department of Veterans' Affairs (DVA) Health Card, as repeat visits may not be reimbursed.

All accounts must be paid in FULL and an itemised receipt provided for reimbursement to be considered; **unpaid accounts will be returned and your claim will not be processed (see supporting documentation section on page 3 for further information).**

NOTE: DVA does not reimburse treatment that was provided by a health practitioner who is not registered with Medicare.

To ensure a prompt application process, you are required to:

- provide ALL details requested in this application form – if completing this form by hand please use a BLACK PEN and write in BLOCK LETTERS, tick ✓ in boxes where appropriate;
- please attach, or photocopy any small receipts to an A4 size piece of paper along with your DVA file number;
- please sign the declaration section on page 3 of this form.

Your Details

1. **Card type** Gold Card White Card Card Not Granted

2. **Title** Mr Mrs Ms Other

3. **DVA File number**

4. **Surname**

5. **Given name(s)**

6. **Date of birth**
DD MM YYYY

7. **Postal address**

 State Postcode

8. **Resident of an aged facility?** No Yes

9. **Contact details**
 AREA CODE
 Phone
 Mobile
 Email

If you provide your email address, correspondence relating to this claim will be sent to you via email.

10. **Is this reimbursement for pharmaceuticals only?** No Yes

11. **Is this reimbursement being claimed as part of the Provisional Access to Medical Treatment PAMT trial?** No Yes

12. **If your DRCA/MRCA claim was declined, do you currently have an outstanding appeal?** No Yes

13. Are you still a current full-time serving member?

No ► When did you discharge?
 Yes

DD		MM		YYYY					

Reimbursement details

14. Reason for not using your DVA Gold or White Card

- Provider did not accept Card for 1st consultation
- Provider did not accept Card
- DVA Card not granted at time of consult
- DVA Card not presented
- Treated overseas
- Other - please specify

15. Details of reimbursement(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			\$	\$	\$

16. Bank details if not currently in receipt of DVA payment

Account in the name of

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Account number

--

BSB number

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

17. Surname

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18. Given name(s)

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19. Postal address

	State		Postcode	

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

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21. Contact number

AREA CODE

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Mobile

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Supporting documentation

- **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 & cost of each treatment. If you have a DVA White Card, written clinical justification that treatment was related to your accepted conditions must also be provided - for footwear, orthotics & 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** – 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. Further information can be found at: <http://www.dva.gov.au/providers/rehabilitation-appliances-program-rap>
- **Accounts reimbursed by Medicare or Private Health Insurance** – If you have made a claim through Medicare or a private health insurer, please ensure you provide a copy of your Medicare and/or private health insurance fund statement.

22. Additional Details

If you need to provide additional information in relation to any part of your application, for example you need more space to detail your medical expenses privately incurred please provide a separate page or provide further relevant information here.

Claimant's or authorised persons declaration

I certify that the above statements are correct and I have received the goods and/or treatments listed; and
I am aware that there are penalties for making false or misleading statements; and
I authorise the providers who have treated me or the beneficiary nominated on this form (select one) to disclose any information related to the treatment listed above;
as the holder of a White Card I certify the treatment claimed is for an accepted disability as determined by the Department; and
I am willing for a copy of this authorisation to be accepted with the same authority as the original.

Signature



Date

/ /

Please send the completed form with all the required information to:

Department of Veterans' Affairs

GPO Box 9998,

Brisbane, QLD, 4001

Email: Medtreat@dva.gov.au **Phone:** 1800 VETERAN (1800 838 372)

If your claim is for overseas treatment please email: overseas.treatment@dva.gov.au