



Application for Reimbursement of Medical Expenses Privately Incurred

NOTE: 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. All accounts must be paid in FULL and an itemised receipt provided for reimbursements to be considered; **unpaid accounts will be returned and your claim will not be processed.**
If your reimbursement is for medical expenses related to the provisional access to medical treatment PAMT trial, please ensure that you ✓ in boxes where appropriate and provide bank account details if you are not currently in receipt of a DVA payment.

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;

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

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

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

12. **Bank details if not currently in receipt of DVA payment** Account in the name of
Account number BSB number

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

13. Surname

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14. Given name(s)

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15. Postal address

	State		Postcode

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

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17. Contact number

AREA CODE		Mobile

18. Reason for not using your DVA Gold or White card

- | | |
|--|---|
| <input type="checkbox"/> Provider did not accept card for 1st consultation | <input type="checkbox"/> DVA card not presented |
| <input type="checkbox"/> Provider did not accept card | <input type="checkbox"/> Treated overseas |
| <input type="checkbox"/> DVA card not granted at time of consult | <input type="checkbox"/> Other - please specify |

19. 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			\$	\$	\$

- **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/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.

20. 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

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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

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