Australian Government
Department of Veterans' Affairs

Claim for Treatment Services - Community Nursing

- **To claim all treatment services rendered by the one practitioner at or from the one practice address**

Manual Claiming

Mail your treatment vouchers to the appropriate address for processing:

Community Nursing
National
GPO Box 964, Adelaide SA 5001

1. Complete the provider details in the space provided.
2. Complete all other sections.
3. Forward the Departmental copy for payment with the service vouchers covered by the claim. Preferably, no more than 50 service vouchers should be attached to the claim.
4. Ensure relevant documents are attached to the service vouchers (e.g. D1083 Community Nursing Service Voucher).
5. The information sought on this form is required for provider verification and claim processing. This information will be disclosed to the Department of Human Services to process the payment. If necessary, DVA may pass the information on this claim to State registration authorities and/or professional associates.

PROVIDER DETAILS

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

NAME

ADDRESS

PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN

Provider number

IMPORTANT Payment will be made through the Service Provider Number if this section is not completed.

Payee's Provider Number

Print Name of Payee Provider

I authorise the Department of Veterans' Affairs to make payment in respect of the attached vouchers, to the Payee Provider at or from whose practice the services were rendered.

D1217CN (04/19) – Original – Department copy

Australian Government
Department of Veterans' Affairs

22

Claim for Treatment Services - Community Nursing

DATE OF CLAIM (DD / MM / YY)

CLAIM NUMBER

NUMBER OF VOUCHERS

TOTAL AMOUNT CLAIMED

$.

I claim payment for all professional services specified in the attached vouchers and certify:

- that the services were rendered by me or on my behalf and to the best of my knowledge and belief all information in this claim is true
- that none of the amounts claimed is for a service which is not payable by the Department of Veterans' Affairs
- that no charge was or will be levied against the patient/s for the service/s
- that a copy of the Service Voucher was given to the patient.

Signature of provider
who rendered the service _____ / /

Save Print Clear

PROVIDER DETAILS

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

NAME

ADDRESS

PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN

Provider number

IMPORTANT Payment will be made through the Service Provider Number if this section is not completed.

Payee's Provider Number

Print Name of Payee Provider

I authorise the Department of Veterans' Affairs to make payment in respect of the attached vouchers, to the Payee Provider at or from whose practice the services were rendered.

D1217CN (04/19) – Duplicate – Claimant copy

Australian Government
Department of Veterans' Affairs

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Claim for Treatment Services

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- that no charge was or will be levied against the patient/s for the service/s
- that a copy of the Service Voucher was given to the patient.

Signature of provider
who rendered the service / /