



MRI/PET Scan Prior Financial Approval Request form

Please send completed form to health.approval@dva.gov.au

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.](#)

NOTE: Please do NOT complete this form if you are an Allied Health Provider as DVA will not fund MRI scan requested by Allied Health Providers.

Is this request part of a compensation claim?

No Yes



Do NOT complete this form and proceed as detailed with TRN advice notice which can be provided by the DVA client

Proposed date of scan

Please allow 14 days from the date this request is forwarded so the DVA can provide a funding decision for the requested scan. Do NOT provide the service until a funding decision is obtained from the DVA.

If the request is URGENT – clinical justification MUST be provided at question 17 or 21.

Entitled Person Details

1. DVA File Number

2. Patient name

3. 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

4. Card type

Gold White

Servicing Provider Details (Radiologist)

5. Name of servicing provider

6. Provider Number

7. Provider address

POSTCODE

8. Telephone number

9. Email address

10. Name of person completing this form

Referring Provider Details

11. Type of Provider

- Specialist – answer questions **12–15** and then answer **16–19**
- GP – answer questions **12–15** and then answer **20–25**
- Unknown – do NOT complete or submit request until this is established

12. Name of referring provider

13. Provider number

14. Referring provider email address

15. Referring provider phone number

Specialist Requested MRI/Pet Scan

NOTE: Prior Approval is not required if ALL of the following criteria are met:

- DVA client is a Gold Card holder or the scan is for an accepted White Card condition.
- An MBS item number exists for the scan and the MBS fee is charged.
- The machine is licenced.

If any of these conditions are not met, please answer questions 16–19.

16. Description/Type of MRI/Pet scan requested

17. Clinical reason for scan/Clinical reason for urgent request

18. Type of machine licence

- Fully Medicare–Licenced Unlicenced or partially licenced

19. Item number/cost

<i>Item number</i>	<i>Cost</i>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>

NOTE: A copy of the specialist referral MUST be attached to this completed request form.

GP Requested MRI

NOTE: Prior Approval is not required if ALL of the following criteria are met:

- DVA client is a Gold Card holder or the scan is for an accepted White Card condition.
- A GP item number exists for the scan and the MBS fee is charged. GP item numbers are (please see full descriptors at www.mbsonline.gov.au):
 - MBS 63551
 - MBS 63552
 - MBS 63554
 - MBS 63557
 - MBS 63560 (where the patient is under 50 years of age)
 - MBS 63561 (where the patient is under 50 years of age)
- The machine is licenced.

If any of these conditions are not met, please answer questions 20–25.

20. Description/Type of MRI/Pet scan requested

21. Clinical reason for scan/Clinical reason for urgent request

22. Type of machine licence

Fully Medicare-Licensed Unlicensed or partially licensed

23. Item number/cost

<i>Item number</i>	<i>Cost</i>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

24 Has the card holder been referred to a specialist in relation to this scan request?

No/Unknown Yes ▶



Please attach evidence of this referral to this request. This will allow assessment of the request to be expedited as the DVA will not be required to undertake further enquiries with the GP.

25 Has the MRI scan been requested by a Radiologist following previous imaging?

No Yes ▶



Please attach the previous imaging report to this request.

Please send completed form and referral to: health.approval@dva.gov.au by clicking on the email button below.