



# Exceptional Case Unit Request for Funding of Nursing Consumables over \$1,000

**Please Note:**

The purpose of this form is to request funding for nursing consumables over \$1,000. This is NOT a claim for exceptional case status.

**Contacting the ECU:** The Exceptional Case Unit (ECU) telephone number is:  
**1800 636 428** and email is [ambecu@dva.gov.au](mailto:ambecu@dva.gov.au)

**Submitting this form:** **The preferred method is via DVA's secure e-mail.**  
 Please contact the ECU on **1800 636 428** to register for this option  
 About Secure e-mail:  
<http://www.dva.gov.au/site-help/sensitive-emails>

**Privacy Notice:** Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs 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.](#)  
[www.dva.gov.au/site-information/privacy/privacy-notice](http://www.dva.gov.au/site-information/privacy/privacy-notice)

## Part A - Community Nursing Provider Information

**Provider details:**

1: **Provider name**

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2: **Provider number**

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3: **Provider site (if applicable)**

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4: **Email address for DVA secure email contact**

## Part B - Entitled Person Information

**Entitled person details:**

5: **DVA file number**

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6: **Title**  Mr  Mrs  Miss  Ms  Other

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7: **Surname**

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8: **Given name(s)**

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9: **Date of birth**

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10: **Address**  
 (include State and Postcode)

POSTCODE

**Referral details:**

**11: Referrer's name**

**12: Referrer's provider number**

**13: Date of referral**

**Part C - Health History**

**14: Relevant clinical conditions and nursing consumables**

List entitled person's relevant clinical condition(s) and the justification for the nursing consumables used. If the nursing consumables are available through the RAP or RPBS schedule, please provide the reason why the RAP or RPBS schedule was not used. If nursing consumables are required long term, the RAP and RPBS schedules should be accessed.


**15: Nursing Treatment/Care Plan**



Attach a copy of the current nursing treatment/care plan completed for the entitled person including all relevant assessments. In addition, please include ECU Attachment 4 Wound Care form, including coloured photos, for any claim relating to wound care.

**Part D - Claiming Information**

**16: 28-day claim period commencement date**

**17: Schedule fee item number**

**18: NC70 amount (ex GST)**

You must supply a breakdown of individual product costs for the items being claimed. At anytime DVA reserves the right to request evidence of the product costs, i.e. supplying invoices.

**19: Additional comments**


## Part E - Declaration

**20: Declaration**

I am aware of the claiming rules for nursing consumables (*Notes for Community Nursing Providers (Notes) Attachment D section 1.5*) and this application fully complies with the requirements set out in the Notes.

I am aware that there are penalties for making false statements (*Notes section 11.4 Inappropriate claiming for services*).

**21: Full name**

**22: Designation**

**23: Signature**

Date

**24: Phone number**

**Note:** If any changes occur to the information provided above, it is your responsibility to notify DVA immediately