Australian Government
Department of Veterans' Affairs

Application for Reimbursement of Medical Expenses Privately Incurred

NOTE: Please read the instructions on both sides before completing the form.
Important Information: DVA will not reimburse repeat visits to a provider who does not accept DVA cards.
As soon as possible please locate a provider in your area who accepts DVA cards. The provider must be registered through either DHS Medicare or DVA to provide services to DVA clients.

Particulars of Beneficiary who incurred the expense

File number

Surname	Given names

Full postal address	Telephone number
Postcode	( )

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

Surname	Given names	Relationship to Veteran

Full postal address	Telephone number
Postcode	( )

Representative's declaration: I certify that the statements contained on this form are correct and the goods and/or treatments have been received by the eligible person listed above. I am aware that there are penalties for making false or misleading statements.

Representative's signature ..... Date / /

Details of Accounts and Receipts

(Original accounts and/or receipts must be attached for all items claimed)

Full name and address of provider, hospital or pharmacist	Date of service	Total amount of paid account or receipt		Benefit received from Medicare Australia		Benefit received from Health Fund	
		$	c	$	c	$	c

Reasons for not using your Gold or White Card

- ☐ DVA card was not presented
- ☐ DVA card was not granted at the time of consult
- ☐ Provider did not accept the DVA card
- ☐ Provider does not accept DVA card for first consult
- ☐ Treated overseas
- ☐ Other (please specify below): ▼

(If insufficient space please use space provided on page 2)

Applicant's Statement

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.

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Applicant's signature ..... Date / /

DVA will not reimburse repeat visits to a provider in Australia who does not accept DVA cards. As soon as possible please find a provider in your area who will accept DVA cards.

1. If you wish to claim a refund from Medicare Australia and/or a private health insurance fund you should do this before you lodge this form to DVA - once your form has been lodged you are not entitled to claim further refunds.
2. Some treatments are not covered by DVA, have certain limits or require prior approval. Contact DVA for more information or refer to the DVA Fact Sheets (see below).
3. You will receive written advice once your claim is finalised; written acknowledgement of receipt is not made.

Your claim must include itemised accounts supported by:

- **Receipts** - Original receipts should be supplied. Please retain a copy of the receipts for your records.
- **Paid Accounts** - All accounts must show the name of the person that received the treatment, the date of each treatment, the item number/s or a description of the service, and the doctor's full name, address and provider number.
- **Medicare Australia Refunds** - If you have claimed a refund through Medicare Australia please supply the "Statement of Claim and Benefit Received".
- **Private Health Insurance Fund Refunds** - If you have claimed a refund through your Private Health Insurance Fund please supply a copy of the refund.
- **White Cards** - If you are a white card holder all receipts and/or accounts should state the condition that was treated.

The following additional information is required for treatment received whilst Overseas (all information to be provided in English)

- **Doctors' Accounts** - In addition to information required under 'Accounts' above, all overseas doctors' accounts must show the nature of the condition treated and be signed by the treating doctor.
- **Hospital Accounts** - 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.
- **Ambulance Accounts** - All accounts must be accompanied by a referral from the doctor who authorised the transport that states the disability for which transport was required and the date when the ambulance was required.
- **Allied Health Accounts (**e.g. treatment provided by a chiropractor, osteopath, physiotherapist or podiatrist**)** - All accounts must show the date and cost of each treatment and be accompanied by a referral from the doctor who prescribed the treatment.
- **Dental Accounts** - All accounts must be supported by a certificate from the treating dentist indicating the treatment provided and the cost of each treatment.
- **Pharmaceutical Accounts (**not all pharmaceuticals are eligible for a refund**)** - All accounts must be supported by a copy of each prescription related to the account or an itemised dispensary receipt that includes the name of the beneficiary, cost, quantity and date or each pharmaceutical dispensed and be signed by the dispensing pharmacist.
- **Surgical Aids and Appliances (**including spectacles**)** - All accounts must be supported by a referral from the doctor who prescribed the aid and/or appliance. All accounts must show the type of aid and/or appliance dispensed as well as the date of supply.
- **Dressings** - All accounts must be supported by a referral from the doctor who prescribed the dressings. All accounts must show the type of dressing applied and/or supplied as well as the date of supply.

For further detailed information please refer to DVA Factsheets - Medical Expenses Privately Incurred (HSV64) and/or Receiving Health Services while Overseas (HSV65).

Please include any further relevant information relating to page one of this form:

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

Department of Veterans' Affairs - Primary Health
GPO Box 9998, Brisbane,
QLD, 4001

Email: Medtreat@dva.gov.au