



Provider Hotline Number: 1300 550 457 (metro) 1800 550 457 (country) - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

Supplier choice: Aidacare Allianz Global Assistance (Mondial) Country Care Group BrightSky (formerly ParaQuad)

Provider Details

OT RN PT LMO Other (Specify Profession)

Provider Stamp (if applicable)

**Newcastle
Mobility**

46 Maitland Road, Islington NSW 2296

Phone 4962 4007

Name	<input type="text"/>	
Provider number	<input type="text"/>	
Employer	<input type="text"/>	
Address	<input type="text"/>	
Phone number	<input type="text"/> []	Fax <input type="text"/> []
Mobile number	<input type="text"/>	
E-mail	<input type="text"/>	

Entitled Person/Delivery Details

Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	/ /	
DVA file number	<input type="text"/>	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Card type	<input type="checkbox"/> Gold	<input type="checkbox"/> White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457 (as above).
	<input type="checkbox"/> No	<input type="checkbox"/> Yes - what category of care? <input type="checkbox"/> Low 5-8 <input type="checkbox"/> High 1-4 (refer to DVA)
	<input type="checkbox"/> No	<input type="checkbox"/> Yes - please contact DVA

Does the entitled person live in a Residential Care Facility?

Does the entitled person receive help under the EACH package?

Entitled person's contact phone number

Residential address

Delivery address
(if different to above)

<input type="text"/> []	<input type="text"/> []
Alternative contact No.	
<input type="text"/>	
POSTCODE	
<input type="text"/>	
POSTCODE	

Surname

DVA File number

Hospital Discharge Details (Please fill out this section where equipment is related to the entitled person's discharge from hospital)

Item is required for discharge

Item is a fixture

Date of discharge

/ /

Order Details (Prescriber to complete)

Please refer to RAP Schedule of Equipment

www.dva.gov.au/service_providers/rap/Documents/RAPNatScheduleEquipment151110new.pdf

The RAP Schedule lists recommended quantity limits that should be considered, in conjunction with RAP Business Rule 13, when prescribing equipment.

 For **prior approval items**, please attach clinical justification or use DVA specified forms (see RAP Schedule)

I certify that the client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature

Date

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