



Direct Order Form

RAP Mobility & Functional Support Products

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
Provider number
Employer
Address
POSTCODE
Phone number [] [] Fax [] []
Mobile number
E-mail

Entitled Person/Delivery Details

Surname
Given name(s)
Date of birth / /
DVA file number
Gender ☐ Male ☐ Female
Card type ☐ Gold ☐ White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call **1300 550 457** (as above).

Does the entitled person live in a Residential Care Facility? ☐ No ☐ Yes - what category of care? ☐ Low 5-8 ☐ High 1-4 (refer to DVA)

Does the entitled person receive help under the EACH package? ☐ No ☐ Yes - please contact DVA

Entitled person's contact phone number [] [] Alternative contact No. [] []

Residential address
POSTCODE

Delivery address (if different to above)
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.

RAP Schedule No.	Product Catalogue No.	Size	Type	Specifications	Quantity



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

/ /