



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 Invacare ParaQuad

Provider Details

OT RN PT LMO Other (Specify Profession)

<p>Provider Stamp (if applicable)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Provider number</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Employer</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Address</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: right;">POSTCODE</td> </tr> <tr> <td>Phone number</td> <td>[<input style="width: 40px;" type="text"/>] [<input style="width: 40px;" type="text"/>] Fax [<input style="width: 40px;" type="text"/>] [<input style="width: 40px;" type="text"/>]</td> </tr> <tr> <td>Mobile number</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>E-mail</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Name	<input style="width: 95%;" type="text"/>	Provider number	<input style="width: 95%;" type="text"/>	Employer	<input style="width: 95%;" type="text"/>	Address	<input style="width: 95%;" type="text"/>		POSTCODE	Phone number	[<input style="width: 40px;" type="text"/>] [<input style="width: 40px;" type="text"/>] Fax [<input style="width: 40px;" type="text"/>] [<input style="width: 40px;" type="text"/>]	Mobile number	<input style="width: 95%;" type="text"/>	E-mail	<input style="width: 95%;" type="text"/>
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Mobile number	<input style="width: 95%;" type="text"/>																
E-mail	<input style="width: 95%;" type="text"/>																

Entitled Person/Delivery Details

Surname	<input style="width: 95%;" type="text"/>
Given name(s)	<input style="width: 95%;" type="text"/>
Date of birth	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
DVA file number	<input style="width: 95%;" 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).
Does the entitled person live in a Residential Care Facility?	<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)
Does the entitled person receive help under the EACH package?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA
Entitled person's contact phone number	<input style="width: 45%;"/> Alternative contact No. <input style="width: 45%;"/>
Delivery address	<input style="width: 95%;" type="text"/>
	POSTCODE

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

<input type="checkbox"/> Item is required for discharge	<input type="checkbox"/> Item is a fixture
	Date of discharge <input style="width: 100px;" type="text"/>

Surname

DVA File number

Order Details (Prescriber to complete)

Please refer to RAP Schedule of Equipment
http://www.dva.gov.au/service_providers/rap/Documents/RAPNatScheduleEquipment151110new.pdf

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)

Home Owner agreement to installations (e.g. rails).

Signature


Date / /

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 / /

DVA Rehabilitation Appliances Program

**Contracted Suppliers of
Mobility & Functional Support (MFS) Equipment**

Effective 1 May 2011

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>
Aidacare	1300 888 052	1300 787 052
Allianz Global Assistance (formerly) Mondial	1800 857 715	1800 653 556
The Country Care Group	1800 727 382	1800 329 382
Invacare Australia	1800 069 642	1800 814 367
ParaQuad	1300 799 243	1300 799 253

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.

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