



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)

**Provider Stamp** (if applicable)

**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  
[http://www.dva.gov.au/service\\_providers/rap/Documents/RAPNatScheduleEquipment151110new.pdf](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)

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

**Prescribers are reminded that the choice of supplier is theirs.**

**The alphabetical listing above is for administrative ease only.**

**PLEASE DO NOT FAX THIS PAGE**