



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)



3 Blackwall Road NSW 2257
 Ph: (02) 4342 5308 Fax: (02) 4342 0816
 Email: enquiries@mobilityhireandsales.com.au

Allianz A/c #: AUKM000078

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 Aged Care Facility? No Yes - ACFI Classification not yet assigned

ACFI Classification

Does the ACFI classification contain one high domain or two or more medium domain categories?
 No Yes (Refer to DVA)

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)? No Yes - please contact DVA

Alternative contact No.

Entitled person's contact phone number [] []

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

[\(click here to see RAP Schedule\)](#)

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