



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)

<p style="text-align: center;">Provider Stamp <i>(if applicable)</i></p>	Name	<input style="width: 95%;" type="text"/>
	Provider number	<input style="width: 60%;" type="text"/>
	Employer	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%;" type="text"/> <div style="border-top: 1px dotted black; height: 10px;"></div> <div style="text-align: right; font-size: small;">POSTCODE</div> <input style="width: 100%; height: 20px;" type="text"/>
	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: 60%;" 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: 60%;" 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 Aged Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ACFI Classification not yet assigned <input type="checkbox"/> ACFI Classification <input style="width: 60px;" type="text"/> Does the ACFI classification contain one high domain or two or more medium domain categories? <input type="checkbox"/> No <input type="checkbox"/> Yes (Refer to DVA)
Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA
Entitled person's contact phone number	[<input style="width: 40px;" type="text"/>] <input style="width: 40px;" type="text"/> Alternative contact No. [<input style="width: 40px;" type="text"/>] <input style="width: 40px;" type="text"/>
Residential address	<input style="width: 95%;" type="text"/> <div style="border-top: 1px dotted black; height: 10px;"></div> <div style="text-align: right; font-size: small;">POSTCODE</div> <input style="width: 100%; height: 20px;" type="text"/>
Delivery address (if different to above)	<input style="width: 95%;" type="text"/> <div style="border-top: 1px dotted black; height: 10px;"></div> <div style="text-align: right; font-size: small;">POSTCODE</div> <input style="width: 100%; height: 20px;" type="text"/>

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

DVA Rehabilitation Appliances Program

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

Effective 1 July 2014

Supplier	Phone	FAX - General
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
BrightSky (formerly 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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