



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: ☐ ☐ Allianz Global (Mondial) ☐ Invacare ☐ ☐

Provider Details **EQUIPMENT SUPPLIER: NOVA MEDICAL AUSTRALIA**

☐ 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.

Delivery instructions (set up details)

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

Surname

DVA File number

Order Details (Prescriber to complete EQUIPMENT SUPPLIED BY NOVA MEDICAL AUSTRALIA)

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).

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
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

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>
Allianz Global Assistance (formerly) Mondial	1800 857 715 Prescriber 1800 611 842 Supplier/Trades Providers	1800 653 556
Invacare Australia	1800 069 642	1800 814 367