**Order Form** 

Australian Government



**Department of Veterans'Affairs** 

**RAP Mobility & Functional Support Products** 

Provider Hotline Number: 1800 550 457 - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the RAP. For prior approval items and White Card holders, please attach clinical justification or use Department of Veterans' Affairs (DVA) specified forms.

Privacy notice - Your personal information is protected by law, including the Privacy Act 1988. Your personal information may be collected by the DVA for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information

RAP and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) - Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

Supplier choice Aidaca	are Allian	z Global Assistance	BrightSky	Country Care Group
Provider Details				
OT RN Physio C	GP/LMO Other (	Specify profession)		
Provider Stamp (if applicable)	Name			
	(Registered Nu	Provider numbe rse use AHPRA number		
	Employer		/	
	Address			
	71441000			POSTCODE
	Phone number	[ ]	Fax [	]
	Mobile number			,
	Email address			
Client Delivery Details				
Surname				
Given name(s)				
Date of birth		DVA File nur		
Card type	Gold			au to check eligibility
Does the client live in a Residential	No Yes	ACFI Classifica	tion not yet assigned	d 📃
Aged Care Facility? Note: Please check the Aged Care		ACFI Classifica	tion	
Eligibility Matrix as some items			classification contai	
should be supplied by the RACF.		2 or more med No Ye	ium domain catego s 🗌 🕨 (Refer to D	
Has the client received aids,	No Yes		Iome Care Package	, 
equipment and/or modifications from			-	lifications have they
NDIS, Home Care Package or CHSP?		received?	· ·	-

Surname					DVA	File numbe	er		
Client Delive	ry Details continued.								
Client's c	ontact phone number	[ ]			Alter	nate conta	ct number [	]	
	<b>Residential address</b>								
								POSTCODE	
	<b>Delivery address</b> (if different to above)							POSTCODE	
Hospital D	ischarge Details	(Please from ho		section v	vhere e	quipment i	is related to	the client's d	ischarge
Item is re	quired for discharge	Date of	discharge		/	/			
Prescriptio	on Details (Provider	to comp	lete)						
The RAP Schedule	e <u>RAP National Schedule</u> lists prior approval require he <u>RAP National Guideli</u>	uirement	s and recon			ity limits th	at should be	e considered	in
RAP Item No.	Supplier's Produc Catalogue No.	t			Sp	ecifications	;		Quantity
<u> </u>									
For White Card hole	broval items, please atta ders and/or prior approvonal issue and how the quired.	al items	, please out	line the :	specific	clinical co	onditions that	t necessitate	
For all home installations/modifications, please attach a completed <u>Authority to Install Form (D1323)</u>									
assessed and that	ent has been clinically the RAP National Schec RAP National Guidelines to account.		Signature					Date /	/

## DVA Rehabilitation Appliances Program

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

## Effective 1 May 2016

Supplier	Phone	FAX - General	Email	
Aidacare	1300 888 052	1300 787 052	dva@aidacare.com.au	
Allianz Global Assistance	1800 857 715	1800 653 556	mfs@allianz-assistance.com.au	
BrightSky	1300 799 243	1300 799 253	mfs.orders@brightsky.com.au	
The Country Care Group	1800 727 382	1800 329 382	dva@country-care.com.au	

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

The alphabetical listing above is for administrative ease only.

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