

Direct Order Form

RAP Mobility & Functional Support Products

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.

Your personal information is protected by la Department of Veterans' Affairs (DVA) for th Force, members of the Australian Federal P Read more: How DVA manages personal in	aw, including the <i>Pr</i> ne delivery of goverr Police and their dep	nment programs f	our personal infor or war veterans, m	mation may be co embers of the Au	ollected by the stralian Defence	
Supplier choice: Aidacare Allianz Global Assistance (Mondial) Country Care Group BrightSky (formerly ParaQua						
Provider Details						
OT RN PT LMO	Other (Spe	cify Profession)				
Provider Stamp (if applicable)	Name					
	Provider number					
	Employer					
	Address					
				POSTC	ODE	
	Phone number	[]		Fax []		
	Mobile number					
	E-mail					
Entitled Person/Delivery Details						
	Surname					
Given name(s)						
Date of birth		/ /				
		, ,				
	DVA file number	Gold	White please o	 ontact DVA to che	ook oligibility	
Card type		dolu	under the client's	s Accepted Disab 550 457 (as ab	ility(ies).	
Does the entitled person live in a Residual	dential Aged Care Facility?	□ No □ Y	es - ACFI Classifica	•	<i>′</i>	
Facility?			ACFI Classific	ation		
				classification co	ntain one high domain categories?	
			No	Yes (Refer to DV/	_	
Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?		│	Yes - please contac	ct DVA		
			A	Iternative contact	No.	
Entitled person's contact phone number		[]		<u> </u>		
Residential address						
				POSTC	ODE	
(if c	Delivery address different to above)			POSTC	ODF	

Surname							DVA File	e numbe	r	
Hospital Discharge Details (Please fill out this section where equipment is related to the entitled person's discharge from hospital,						rge from hospital)				
ltem is requ	uired for discharge				ı is a fixturo discharge	e	/ ,	/		
Order Deta	ils (Provider to complet	e)								
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	Тур	ıe		Sp	ecificati	ons		Quantity
					I					
	rior approval items,	please attach	clinical j	ustificatio	on or use	DVA spe	cified 1	forms (s	ee RAP S	Schedule)
	the client has been clinic			Signatur	re					
that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.		ML					Da	te		
								/ /		

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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