



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.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (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 NDIS - Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

Supplier choice: Aidacare Allianz Global Assistance (Mondial) Country Care Group BrightSky (formerly ParaQuad)

Provider Details Allianz Fax: 1800 653 556 * Refer to Max Healthcare Equipment for the provision of this equipment.

OT RN PT LMO Other (Specify Profession)

Provider Stamp (if applicable)

 Fax: 08 8351 9945

Deliver to - Home
- Ward
(Room No: _____)

Taken from Cabinet

Name

Provider number (Registered Nurse use AHPRA number)

Employer

Address
.....
POSTCODE

Phone number [08] Fax [08]

Mobile number

E-mail

Entitled Person/Delivery Details

Surname

Given name(s)

Date of birth / /

DVA file number

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

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?

Entitled person's contact phone number

Residential address

Delivery address (if different to above)

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 (Provider 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

/ /



Please refer to Max Healthcare Equipment for the provision of this equipment.

T: 1800 684 277

F: 08 8351 9945

E: orders@maxhealthcare.com.au