

# Claim for Costs of Relevant Documentary Medical Evidence Incurred by Applicants to the Veterans' Review Board (VRB)

Applicants to the Veterans' Review Board (VRB) may be reimbursed the costs of obtaining medical evidence. Certain conditions apply:

- Any relevant documentary medical evidence must be obtained after the day on which the applicant received notice of the decision which is the subject of the review. This notice is sent out by the Department of Veterans' Affairs.
- "Relevant documentary medical evidence", in relation to an application to the VRB, means certificates, reports or other documents from a medical practitioner or a hospital, or similar institution, in which the applicant or veteran has received medical treatment.
- The relevant documentary medical evidence must be submitted to the VRB (including cases where the VRB claim has been withdrawn).
- **The application for payment must be made within 3 months after the relevant documentary medical evidence was submitted to the VRB.**

A maximum amount of \$467.50 for obtaining such relevant documentary medical evidence for each condition may be reimbursed.

Reimbursement of reasonable travelling expenses incurred in obtaining such medical evidence, and travelling expenses for those of an attendant, to a maximum of \$500 without prior approval, may also be paid. A separate claim form (D803) must be lodged within 3 months after the completion of that travel. Claims for travel received later than 3 months after completion of that travel cannot be paid. Please enquire for further details.

**When completed, this form is to be forwarded to your Department of Veterans' Affairs office (addresses are listed overleaf)**

The information you provide on this form is required to process an application for reimbursement of the cost of relevant documentary evidence for an application to the Veterans' Review Board.

Some of the information provided will be disclosed to the Department of Finance in order for any reimbursement to be processed.

---

**There are penalties for making false statements.**

---

If any of the details you give in this form change, you must tell the Department within 21 days.



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

**133 254**

Callers from regional Australia can call:

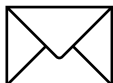
**1800 555 254**

To contact your local Veterans' Affairs Network (VAN) Office please call:

**1300 55 1918**

If you wish to call DVA in another State please call:

**1300 13 1945**



The addresses of the Department of Veterans' Affairs offices are:

***State Offices:***

**Sydney**

Centennial Plaza Tower B  
280 Elizabeth Street  
GPO Box 3994  
Sydney NSW 2001

**Adelaide**

Blackburn House  
199 Grenfell Street  
GPO Box 1652  
Adelaide SA 5001

**Melbourne**

300 Latrobe Street  
GPO Box 87A  
Melbourne VIC 3001

**Perth**

AMP Building  
140 St Georges Terrace  
GPO Box F352  
Perth WA 6001

**Brisbane**

AMP Place  
10 Eagle Street  
GPO Box 651  
Brisbane QLD 4001

**Hobart**

21 Kirksway Place  
Cnr Gladstone Street  
GPO Box 481E  
Hobart TAS 7001

Please write in BLOCK LETTERS.

Please answer all questions as directed.

DVA file number (if known)

### Applicant's Details

1. Veteran's surname
2. Veteran's given names
3. Applicant's surname  
(if different from veteran)
4. Applicant's given names  
(if different from veteran)
5. Relationship to veteran
6. Veteran's/Applicant's postal address   
 Postcode
7. Veteran's/Applicant's telephone numbers  
Home  (   )  
Work  (   )

*Reimbursement of costs of relevant documentary medical evidence can only be made if a claim has been lodged with the VRB asking for a review of a Repatriation Commission decision.*

8. When was the application for a review of a Repatriation Commission decision lodged?  /  /
9. Where was it lodged?
10. For which disability(s) does the report(s) refer to? (as described in the letter of decision sent out by DVA)

### Source of Additional Medical Evidence

11. Name of medical practitioner, hospital or similar institution that provided the additional medical evidence
12. Date of medical report  /  /
13. Has the report been submitted to the VRB?  
 No       Yes
14. What was the cost of the additional evidence?  
\$
15. Have you claimed/intending to claim reimbursement for this expense elsewhere?  
 No       Yes - Please give details

Continued overleaf 

## Declaration

I wish to claim reimbursement of costs incurred in obtaining the relevant documentary medical evidence to support my review to the VRB.

The information I have provided is complete and accurate.

I am aware that there are penalties for making false statements.

**Applicant's signature**

Date

*Please remember to attach ALL receipts*

---

## Authority to act on behalf of an applicant who is *unable to sign*

16. Your surname

17. Your given names

18. Address

19. Telephone numbers

Home

( )

Work

( )

I declare that I am authorised by

to act on her/his behalf in matters relating to this claim.

**Signature**

Date

*Please remember to attach ALL receipts*

---

## OFFICE USE ONLY

Recommend Payment of	\$ <input type="text"/>	under Section 170A
Examiner's signature	<input type="text" value=" / /"/>	
Payment approved	<input type="checkbox"/>	
Payment not approved	<input type="checkbox"/>	
Commission Delegate's signature	<input type="text" value=" / /"/>	