Australian Government
Services Australia

medicare

Application for Department of Veterans' Affairs claim adjustment (DB021)

When to use this form

Use this form when applying for a Department of Veterans' Affairs (DVA) claim adjustment for assigned DVA benefits where the original date of service is **less than 2 years** old.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

For more information

For more information about DVA claim adjustments, go to **servicesaustralia.gov.au/healthprofessionals** or call 1300 550 017 Monday to Friday, 8:30 am to 5 pm Australian Eastern Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Provider details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

2 Practice address

Postcode

Postal address (if different to above)

Postcode

3 Provider number

4 Original claim number or DVA file number

5 Original date of claim (DD MM YYYY)

6 Services provided
Tick all that apply

- ☐ Allied health
- ☐ Medical or specialist
- ☐ Hospital
- ☐ Community nursing
- ☐ Nursing home

MCA0DB021 2606

Payee provider

Only complete this section if the payment is to be made to a provider other than the service provider.

7 Name of health professional

8 Provider number

Reason for claim adjustment

Provide details for this claim adjustment, including why the:

- date of service, condition treated or DVA file number were omitted from the original claim, and/or
- correct item number(s) or other claim details were not originally claimed.

A reason why Services Australia should process the adjustment(s) must also be included.

9 Reason(s) for claim adjustment

If you need more space, provide a separate sheet with details.

Privacy notice

10 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

11 **I declare that**:

- I am claiming Department of Veterans' Affairs benefits for the professional services (the services) specified in the attached Assignment forms
- the services were rendered by me or on my behalf
- the person(s) eligible to receive Department of Veterans' Affairs benefits in relation to the services, assigned their benefits to me. To the best of my knowledge and belief, they were entitled to make these assignments under the *Veterans' Entitlements Act 1986*
- copies of assignment forms were given to the person(s) who assigned their benefits to me after the assignments were made
- I accept the assignment of these benefits
- no other payments have been sought from any person in relation to these services
- the information I have provided in this form is complete and correct.

I authorise:

- Services Australia to pay the Department of Veterans' Affairs benefits for this claim to the health professional specified in **question 7** at or from whose practice the services were rendered.

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Returning this form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form and any supporting documents by **post** to

Services Australia
DVA claim adjustments Team
GPO Box 964
Adelaide, SA 5001

Reset form