



◆ **Each service voucher must be used only for services rendered by one practitioner to one patient**

- 1 Please complete the Patient Details section by writing the patient's file number, first name, initial and surname. *If the file number is not known*, include date of birth and address.
- 2 Complete all relevant sections.
- 3 The 'Condition Treated' section must be completed if the veteran holds a Repatriation Health Card for Specific Conditions (WHITE CARD).
- 4 Please ensure the patient signs the form against each service.
- 5 Please submit the Departmental copy with your claim and ensure that any relevant documents are attached.
- 6 Please ensure that the patient receives the Patient copy.
- 7 The Claimant copy may be retained as your record.
- 8 The information sought on this form is to enable service verification and claim processing. This information will be disclosed to Medicare Australia to process the payment.

▶▶ Continued on next page ▶▶

PATIENT DETAILS

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

FULL NAME
DATE OF BIRTH
ADDRESS

File number

Australian Government Department of Veterans' Affairs

Optometric / Optical Service Voucher

Condition treated (White Card holder only)
Name of Prescriber
Prescriber's Provider No. Prescription Date
Domiciliary visit (indicate item below) Home visit Facility
Spectacle Prescription form (D931): Attached Sent previously

Consultations

Supplies

Table with 5 columns: Date of service, Item number, Amount claimed, Kilometres travelled, Description of services

PATIENT DECLARATION: I have received the services described. I am not entitled to claim third party or worker's compensation for these services.

PROVIDER DECLARATION: I certify that the supplies were posted in good order to the patient.

D1223 (06/07) - Original - Department copy

cut on this line

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D1223 (06/07) - Duplicate - Patient copy

cut on this line

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D1223 (06/07) - Triplicate - Claimant copy