



Treatment Service Voucher for use by General Practitioners only

- Each service voucher must be used only for services rendered to one patient, at the one attendance
- 1 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 If the service is one of the pre-printed services place an X as indicated on the form.
 - 3 If the service is not one of the pre-printed services write the Item Number or Description of Service in the space provided.
 - 4 The 'Condition Treated' section should only be completed if the veteran holds a White card for specific conditions, or if the service is an emergency.
 - 5 If the service is provided in a hospital, specify the hospital in the space provided.
 - 6 If treatment is provided in a location other than Rooms, please specify.
 - 7 If pathology is requested, provide a brief description.
 - 8 Ensure the patient provides the information requested and signs the form. If the patient is unable to sign, please sign the appropriate section.
 - 9 For emergency services, cross and sign the appropriate section.
 - 10 Submit the Departmental copy and any relevant documents with your claim, and ensure the patient receives the Patient copy. Retain the Claimant copy for your records.

PRIVACY NOTE: 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.

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