

Victorian Forensic Paediatric Medical Service

REGIONAL CLAIM FORM

(This form does not constitute a Tax Invoice - **Please remit an ATO Compliant Tax Invoice with this Claim Form**)

Patient Examined				Service Code	
Surname:				Please Tick One Service Code Only	
Given Name(s):				<input type="checkbox"/>	Injury evaluation
Address:				<input type="checkbox"/>	Sexual abuse allegation
Suburb:		Post Code:		<input type="checkbox"/>	Forensic evaluation of symptom or behavior (possible abuse or neglect)
DOB:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	Harm assessment (past abuse/neglect &/or evaluation of current risk or harm)

Referral Details		
Contact Name:	Agency:	Phone:
Location of Examination:		

Service Details					
Date of Service:			Please Use 24 Hour Clock		
Type of Service:	<input type="checkbox"/> In hours	<input type="checkbox"/> After hours	Call Received:		Hours
	<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent*	Case Commenced:		Hours (your attendance for the case)

*Where a requesting agency asks for immediate attendance

Service Fee Calculation			
1. Time claimed:*	Total Hours	Total Minutes	\$
2. Report:	<input type="checkbox"/> Simple	<input type="checkbox"/> Routine	\$
3. Travel:	Total Kms Claimed @ \$ per km		\$
4. Court attendance:			\$
5. Case conference:			\$
GST Applicable (10%)			\$
TOTAL CLAIM AMOUNT			\$
Practitioner Name:		Practitioner Signature:	
IMPORTANT NOTE: Your fee will be paid directly to your bank account, please supply details below			
BSB:	Account Number:	Fax/Email Notification:	

* Time claimed includes travel to/from case and the attendance for the case

PLEASE ATTACH MEDICAL REPORT, COMPLETED CLAIM FORM & TAX INVOICE AND FORWARD TO: (Form MUST be received within 30 days of consultation)
 Admin Officer, VFPMS, Royal Children's Hospital, 50 Flemington Road, Parkville, VIC 3052
 Telephone: (03) 9345 9075 Fax: (03) 9345 4105 Email: VFPMS.enquiries@rch.org.au

VFPMS Use Only	
Date Received: UR # Date to Finance:	