**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)**

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

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

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| **Service Details** |
| **Date of Service**: |  | **Please Use 24 Hour Clock** |
| **Type of Service:** | 🗆 In hours  | 🗆 After hours | **Call Received**: |  | Hours  |
| 🗆 Routine | 🗆 Urgent\* | **Case Commenced:** |  | Hours (your attendance for the case) |

*\*****Where a requesting agency asks for immediate attendance***

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| **Service Fee Calculation** |
| **1. Time claimed:\*** | Total Hours Total Minutes | $ |
| **2. Report:** | 🗆 Simple 🗆 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**

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| **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 3052Telephone: (03) 9345 9075 Fax: (03) 9345 4105 Email: enquiries@vfpms.org.au |

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| **VFPMS Use Only**Date Received: ……………………………. UR # ………………………….. Date to Finance: …………………………….. |