Dental and Allied Health Subsidy –Claim Form

Applicant Details

Surname: _____ First Names: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Bank Acc Name: _____ BSB: _____ Acct Number: _____

RSL Membership

Sub-Branch: _____ Year Joined: _____

Please tick if you have claimed any of the below

DVA Gold Card: ☐ | DVA White Card: ☐ | Private Health Fund: ☐

Claim Details ☐ DENTAL ☐ OPTICAL ☐ HEARING

Total Cost: $ _____ Total Rebate: $ _____ (Total of all public and private rebates or refunds)

Remaining Cost: $ _____ Amount Sought: $ _____

Have you attached a copy of your invoice or quote? Yes ☐ No ☐

Additional Supporting Comments: _____

I certify that the information provided is true and correct. I understand that each claim will be considered on its own merit and that any decision to approve all, or part of the funds is final and may depend on available funds and priority of treatment.

Signature: _____ Date: _____

Office Use Only

Is the quote or invoice attached? Yes ☐ No ☐

Is applicant a financial member of RSL QLD (MMS records)? Yes ☐ No ☐

Has applicant been a Service Member of CQ District for at least 15 months? Yes ☐ No ☐

Has member had an approved claim in this period? Yes ☐ No ☐ If yes, amount remaining: $ _____

Comments: _____

Application Approved Yes ☐ No ☐ Amount Approved: $ _____ Date Approved: _____

Comments: _____