Prosthetic Minor Repair Voucher

NSW GOVERNMENT | HealthShare EnableNSW

1. PERSON INFORMATION

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Last Name

First Name

Date of birth

Program

☐ EnableNSW PLS

Medicare no.

Centrelink no.

☐ DVA no.

☐ NDIS no.

Address

Prosthetic Service Provider

ABN No:

Type of Limb repaired: **Left or Right:** **Limb No:**

Were any components provided that are not listed under Contract 980B Prosthetic Components?

☐ Yes ☐ No **If Yes, give details:**

2. DETAILS OF REPAIRS

	$	C
Goods & Service Tax		
Total incl. GST		

- Please note this form is to be used for repairs that total a maximum of $700. Repairs above $700 require prior approval from EnableNSW
- Where a non-standard component is supplied, the manufacturer may separately levy additional charges upon the patient.

3. DECLARATION

I certify that the above repairs to my limb have been carried out to my satisfaction. **Prosthetic User's Signature** **Date:**	**Repairer's Signature** **Date:**	**Name of Prosthetist** (Print)

Forward this completed form to:

EnableNSW, Locked Bag 5270, Parramatta NSW 2124, Fax: 8797 6543 Ph: 1800 362 253

enable@health.nsw.gov.au