

# Claim for Private Specialist Treatment of Skin Cancer

## Funding request

You may be eligible if all of the following apply:

- You have a skin cancer condition accepted as a service related condition with Veterans Affairs
- You have been assessed by your General Practitioner (GP) as requiring specialist skin treatment.

## How to claim

Book an appointment with your doctor or health practitioner to discuss your treatment needs and complete this form if specialist treatment is required. This may take more than one appointment. Take as much time as you need.

Send us your completed and signed claim form. You can either:

- scan or take photos of the completed form and supporting information, and email to: **veterans@nzdf.mil.nz**, or
- post the completed form and the supporting information to: Veterans' Affairs, PO Box 5146, Wellington 6140.

You can claim for reimbursement of travel and the cost of this appointment. Attach the appointment receipt to this claim form. If you are claiming travel, complete an **Approved Travel – VA23** form. You can find this on our website **www.veteransaffairs.mil.nz/forms**

## What happens next

- We may need more information from you, or from other people such as a medical specialist. We will not be able to make a decision until we receive this.
- We strongly recommend you remain on the Te Whatu Ora waiting list for the treatment of your skin condition while awaiting our decision
- Once a decision has been made, we'll tell you what we've decided and why.

## Help completing this form

- You can ask someone you trust to help you complete this form. This might be whānau or family, someone from your local RSA, or a Veterans' Affairs case manager.
- If you're unable to complete and sign this form due to physical or mental incapacity, it must be signed by a person with authority to act on your behalf. Evidence of this authority must be provided with the application.

## Any questions?

- Call us:
  - New Zealand freephone 0800 483 8372
  - Australia freephone 1800 483 837
  - Rest of the world +64 4 495 2070
- Email us at **veterans@nzdf.mil.nz**
- Visit our website **www.veteransaffairs.mil.nz**

## Claimant

- Take this form to the medical appointment so your doctor or health practitioner can complete their sections.
- Complete this page and the final page of this claim form.
- Send your completed claim form to Veterans Affairs (refer to page 1 for details).

## Your personal details

**1** What is your full name?

First name

Middle names

Family name

**2** What is your date of birth?  /  /  ( DD/MM/YYYY )

**3** Where do you live?

Street address

Suburb

City

Country  Postcode

**4** What are your contact details?

Email

We will contact you to verify this address

Home phone (  ) Mobile phone (  )

Work phone (  )

**5** Do you have a Work and Income number?

No

Yes → **Enter the number below** ↘

-  -

If you don't know this number, please leave it blank.



## Doctor or health practitioner to complete

Please fully complete the **Doctor or health practitioner to complete** section (pages 4 to 5). Veterans' Affairs considers funding of private specialist treatment in accordance with the Treatment policy framework. We require this form to be completed **in full** with as much detail as possible so a funding decision can be made.

Once completed, return the form and any supporting documentation to Veterans Affairs:

- [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz), or
- post the completed form and the supporting information to: Veterans' Affairs, PO Box 5146, Wellington 6140.

### Please read this information before completing this section

- This form should only be completed for any skin cancer lesions for eligible veterans that cannot be managed with GP Primary Care.
- Veterans Affairs is required under the Veterans Support Act 2014 to consider publicly funded treatment options, this includes Te Whatu Ora. If the time to the initial treatment in the public health system exceeds *2 months for malignant melanoma* and *6 months for other skin malignancies*, the veteran can request Veterans' Affairs fund private treatment
- There are exceptions to the above time frames if there is evidence that waiting to be seen by Te Whatu Ora may potentially lead to harm due to the delay (eg risk to life, ongoing deterioration of health). If this is the case please highlight this within this form.
- It is important for all veterans to be referred to Te Whatu Ora in the first instance as there may be delays in processing this application.
- Please continue to the next page and complete all sections so Veterans Affairs can consider funding in accordance with our legislation.



## Doctor or health practitioner to complete

**6** Is the condition you are recommending private specialist treatment for listed on their Veterans' Affairs treatment card?

Yes — Continue to question 7

No — Veterans' Affairs will not be able to consider funding treatment at this time. Please work with the veteran to complete an application form so they can test their eligibility for Veterans' Affairs funding.

**7** Why does the lesion require specialist treatment (Dermatologist or Plastic Surgeon)

**8** Has the veteran been referred to Te Whatu Ora for triaging?

Yes — Confirm the expected waiting time for initial treatment: \_\_\_\_\_

No — Please refer the veteran to Te Whatu Ora in the first instance. If you have clinical reasoning as to why treatment should not be delay please indicate in question 9.

**9** If you consider that the lesion requires urgent treatment please give your clinical rationale behind the urgency for us to consider:

What are the risks associated with delaying this treatment for the veteran:



## Doctor or health practitioner to complete

**10** What is your patient's full name?

First name

Family name

**11** What is your patient's National Health Index (NHI) number, or equivalent in your country?

**12** When did your patient enrol with your practice?  /  ( MM/YYYY )

### **13** Health practitioner information

What is your practice email?

What is your CPN (HPI number)?

What is your Medical Council registration number?

**Stamp your practice stamp, otherwise  
write your full contact details**

**Signature**

 /  / 

( DD/MM/YYYY )

## Privacy statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:  
[www.veteransaffairs.mil.nz/privacy](http://www.veteransaffairs.mil.nz/privacy)

If you'd like a copy of this posted to you please call us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070

### Signature

This form must be signed either by the claimant, or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee).

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understand the Privacy Statement for Forms on:  
[www.veteransaffairs.mil.nz/privacy](http://www.veteransaffairs.mil.nz/privacy)
- I authorise the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person's name

Claimant or authorised person's signature

/  /  ( DD/MM/YYYY )

**Helper** | Complete this section if you've helped the claimant to complete this form.

Helper's name

Helper's relationship to claimant