

15 October 2025

The Hon Matt Keogh MP  
Minister for Veterans' Affairs

**By email:** [REDACTED]

**Subject: DVA rates for medical services, generic warning letters and lack of consultation**

Dear Minister

We have previously written to you about our members' concerns about the inadequacy of the Department of Veterans' Affairs (DVA) rates for medical services (please refer [here](#)).

Despite increases in the DVA fee schedules for medical services in September, our members report that many of DVA's rates remain unacceptably low – so low that they cannot continue to provide those services to veterans. Some practices have already begun laying off staff due to the financial implications.

Practices report that the issue is particularly acute for DVA GP compensation consultation fees, which are significantly less than WorkCover, AMA fees list and even DVA rates for consultations of similar duration and clinical complexity. The following table provides an illustration of these disparities via a comparison of rates for consultations lasting up to 20 minutes but is an issue across a range of other DVA fees.

<b>DVA compensation consultation DCC01 (&lt;20min)</b>	<b>DVA fee schedules for medical services item 23 (6-20min) including VAP</b>	<b>WorkCover compensation consultation item 23 (6-20min)</b>	<b>AMA fees list for medical treatment services item 23</b>
\$37.10	\$74.75	\$108	\$108

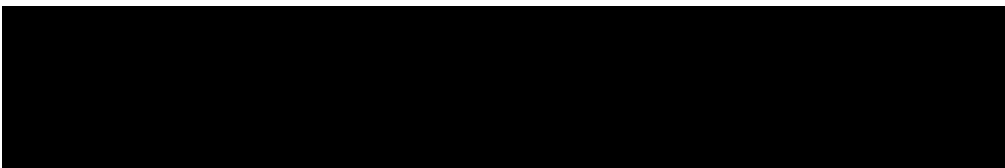
In addition to concerns about DVA rates, our members have expressed their alarm and offence at recent, generic warning letters sent to DVA providers. These letters imply practices may have breached DVA portfolio legislation and processes and include threats to restrict Transaction Reference Numbers and refer practitioners to regulatory bodies and the Australian Federal Police for investigation.

We understand that DVA sent these letters following a change in its invoicing practices which was implemented without consultation with providers. That change now requires practices to adhere to DVA fee schedules, despite this being contrary to historical practice, and is significantly adding to provider stress about ongoing viability.

While we acknowledge the government's concerns that some corporate groups may be engaging in fraudulent behaviour and fully support investigation of such alleged activity, most doctors who treat our veterans work independently in small, family-owned practices. They often treat DVA patients at no profit, due to a sense of loyalty and duty to our veterans, given many doctors have themselves served in the Australian Defence Force. These letters and the recent changes in DVA practice have caused insult and unnecessary frustration.

We would welcome an opportunity to meet with you to discuss a resolution of these issues and look forward to your response.

Yours sincerely



Dr Nick Yim  
**President**  
**AMA Queensland**

Dr Brett Dale  
**Chief Executive Officer**  
**AMA Queensland**