



Worker's Compensation Information

About the patient

Full Name: _____

Full Address: _____

Contact phone number: _____ or _____

About the Employer

Company/Business Name: _____

Company/Business address: _____

OH&S/Employer contact name: _____

OH&S/Employer contact number: _____

About the Insurer

Name of Insurance Company: _____

Address of Insurance Company: _____

Name & phone number of case manager: _____

Direct phone number of case manager: _____

Has liability been accepted by Insurer? Yes No Don't know

Claim number: _____

All worker's compensation consultation fees are to be paid at the time of the consultation. Until such time as a letter of liability and claim number is issued, the patient is solely responsible for all worker's compensation fees.

Worker's compensation fees do not incur a Medicare rebate.

I, (please print name) _____ understand all consultations regarding this current work cover claim will be solely my financial responsibility, until such time as a letter of liability and claim number is issued. I understand I am not able to claim a rebate through Medicare for these consultations.

Signed: _____

Date: _____