

Insurance Information Form

Workers Compensation / Motor Vehicle Accident

WORKERS COMPENSATION

Is this visit related to an injury suffered at **work** for which you are **making a claim**? Yes No

Dr Mr Mrs Ms Miss Mast FIRST NAME SURNAME

Address: Suburb: P/Code:

Contact Person: Phone/Mobile: Email:

Occupation: Employer's Name:

Date of Accident: Insurance Company: Claim Number:

Workers Compensation Claim Terms and Conditions:

I understand that Central City Health Professionals will allow me to receive treatment without upfront payment for up to 4 weeks in order to allow time for my claim to be processed. If by the 4th week my claim is still in dispute then I agree to make full payment for all fees incurred up until this point and for all further treatment until my claim is resolved.

If, during the course of my treatment my account, though not in dispute has an outstanding balance equal to or more than 8 visits I agree to pay personally for all subsequent visits until payments are received from the insurance company.

I have read and understand that if my claim is not accepted by the named Insurance Company, then my accounts and any expenses incurred in the collection of my unpaid account will become my responsibility.

Check List:

- I have informed my employer I was injured at work and have submitted the required paperwork to begin the claims process.
- I have visited a GP, and given Central City Health Professionals a copy of the Work Cover "First" Medical Certificate.
- I agree to the above Claim terms and Conditions

Patient Signature: Print Name: Date:

Witnessed Signature: Print Name: Date:

Motor Vehicle Accident Claims

Is this visit related to a motor vehicle accident for which you are **making a claim**? Yes No

Dr Mr Mrs Ms Miss Mast FIRST NAME SURNAME

Address: Suburb: P/Code:

Date of Accident: Insurance Company: Claim Number:

Motor Vehicle Claim Terms and Conditions:

I understand that I will need to pay for all treatment received upfront until Central city Health Professionals receive written notification that my Motor Vehicle claim has been accepted. If at any stage the Insurance Commission of WA (ICWA) stops paying for treatment that all accounts and any expenses incurred in the collection of my unpaid account will become my responsibility.

Check List:

- I have submitted a crash report to the WA Police Department
- I have visited a GP, and given Central City Health Professionals a copy of the referral for Physiotherapy
- I agree to the above Claim terms and Conditions