Workers Compensation Personal Injury

Client Statement and Authority to Release Information

Employees in the first instance should seek advice from their employer. If a claim has been lodged, your employers Workers Compensation insurance company should make contact or will be identified on correspondence to you.

Allied health providers include chiropractors, occupational therapists, physiotherapists, and podiatry providers.

These groups are recognised by WorkCover WA and contribute towards the Agency's common goal of ensuring that an injured worker can return to, or remain at work following an injury.

Injury management involves the injured employee, the treating practitioner and the employer working together to assist the employee to remain at or return to work. *The Workers' Compensation and Injury Management Act 1981* places an obligation on all parties to actively participate in injury management.

Below are some steps to claim workers compensation treatment at Stirling Health Professionals

1. Visit your practitioner and inform them that you have been injured in a work place accident.
2. ***For new patients****:* inform us that you were injured in a work place accident upon your initial visit. Important information to provide the clinic before the first visit includes: Claim number, Date of accident, and contact information for your employers insurance.
3. ***For current patients:*** let us know that you were injured in a work place accident so that we may book extra time to discuss any new injuries and perform a physical examination of the injured area. Important information to provide to the clinic upon your visit includes: Claim number, Date of accident, and contact information for your employers insurance.
4. In addition to the standard clinic forms, there is additional paperwork that needs to be processed when you are visiting a practitioner for therapy as a result of a workplace accident.
5. It is clinic policy that persons receiving treatment for workers compensation injuries **pay on the day** of treatment. You may then recoup the costs from your employer's workers compensation insurance company by sending the receipts we provide you. We suggest you send them periodically.
6. A medical referral ***is*** necessary to commence treatment for occupational therapy, physiotherapy, podiatry and remedial massage therapy.
7. However a medical referral is ***not*** necessary for chiropractic treatment.
8. A medical certificate for time off work is necessary for work related injuries.

Patient Liability Statement

This is to state that I (print name) ____
agree to pay for expenses incurred for treatment provided by practitioners at Stirling Health Professionals relating to my workers compensation injury on (date)__________________ in the event that the claim is denied or only partly covered by my employer or insurance company.

Please note:

It is policy that persons receiving care for workers compensation settle accounts with us directly. You can recoup these costs from your employer or insurance company.

If this is not possible for financial reasons, please speak with the treating practitioner.

If the clinic agrees to bill my employer or insurance company directly on my behalf, I understand I will be liable for the difference in payments (gap amounts) between my employer or insurance company payment and the fee for service at each visit.

I understand that I am responsible for **missed appointments** and will pay fees relating to missed appointments personally.

By signing this form I authorise information to be released to my employer or insurance company in relation to this injury and abide by these payment terms.

I have read and understood the above statement.

Patients signature ____________________________ Date _____/_____/_____

Witness Name __________________________________

Witness Signature ______________________________

Stirling
Health Professionals

Work Related Injury Report Form

We appreciate your patience in completing this confidential questionnaire. Even if you already are a patient at Stirling Health Professionals please complete all parts of this questionnaire. Ask for more paper if you need more space for any questions.

Full name ______________________________ Date of birth ____________________________

Phone No (h) ___________________________ Phone No (w) ___________________________

Height ____________ Weight __________ Occupation______________________________

Marital Status ___________________________ Children _______________________________

Referred/Recommended by ____

Employers name ____

Address ____

Supervisor _____________________________ Safety Officer ___________________________

Has injury been reported? Yes ☐ No ☐ Date of injury ____/____/____ at : am/pm

Insurance company ____

Address ____

Reference/Claim Number _________________

Describe in detail how you were injured at work ____

____

____

____

Have you had any treatment for this injury yet? Yes ☐ No ☐

If so from whom? ____

Results from this treatment ____

____

____

____

Stirling
Health Professionals

Are you currently off work? Yes ☐ No ☐ If so, how long? ______________________________

Your previous practitioner/s ____

Last seen? ____

Describe your current symptoms ____

____

____

____

____

Are you currently under the care of any other health practitioner? Yes ☐ No ☐

If so, whom? ____

And for what? ____

____

The above information is correct to the best of my knowledge and I acknowledge that providing incorrect information may affect the outcome of a claim

Patient/Guardian Signature ______________________________ Date _____/_____/_____

Witness Signature ____