Shop 2, 75 Murray Street,
Gawler SA 5118

This form needs to be completed and given to the receptionist prior to attending a work cover consult.

THIRD PARTY INSURANCE/WORKERS COMPENSATION FORM

Patient Full Name	
Date of Birth	
Contact Number	

Employer's Name	
Employer's Address	
Employer's contact details	

Third Party Work Cover (Name)	
Claim Number	
Claims Officers contact name and details	

Please be informed that all work cover claims are required to be settled within 30 days from the date of appointment and billings.

If the third party/work cover claim is rejected, the patient is personally liable for all costs incurred with this clinic.

SIGNATURE	**DATE**