

Suite 2 , 80 Morisset Street
(corner of Carinya St)

Queanbeyan NSW 2620

tel 02 6299 6990 fax 02 6299 6933

www.brindabellapractice.com.au

NOW OPEN 7 DAYS



Patient Quiz prior to seeing Doctor for work Cover Certificate

Please fill this out BEFORE you see the doctor

We do not give accounts for Workers Compensation matters. .

Payment is at the time of the consultation. Thank you.

This form is only for NEW claims or claims not dealt with at this surgery before .

Under what state legislation does the claim apply ? NSW? ACT ? Comcare?

Patient's first name	Last name
Claim number -- if known	
Occupation / job title	
Patients usual normal tasks ? Usual tasks are	
Employer details - name , phone and company name	

What do you think the Diagnosis is	
What is the date of injury	
What was approximate time of injury	
Place of injury	
What was first date you were seen at this practice for this injury/disease	
How is the injury/disease related to work? What happened - in 10 words or less ?	
Detail any pre-existing factors which may be relevant to this condition.	
I consent to my treating medical practitioner, my employer, the insurer, other treating practitioners, workplace rehabilitation providers and WorkCover exchanging information for the purposes of management my injury and workers compensation claim. I understand that this information will be used by WorkCover and insurers to fulfil their functions under the workers compensation legislation.	
I accept responsibility for paying for all accounts.	
Signature of patient	Date (DD/MM/YYYY)

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A note to workers compensation patients

Brindabella Family Practice is a private medical practice.

Payment is required by the patient / client at the time of your consultation.

Reimbursements can be claimed from the insurance company. We do not send accounts directly to the Insurance Company.

There are provisions for patients / clients experiencing difficulties paying for workers compensation consultation, however this must be an accepted claim, and this arrangement must be approved by the treating Doctor. Please discuss any special needs directly with the treating doctor.

We prefer Electronic Communication

We are a fully computerised practice.

We would prefer an encrypted electronic reply. Otherwise please **fax 6299 6933**
Please do NOT send a paper copy of your reply via the mail. Thank you.