

Accept / reject form

Fit for work service

1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Certified work capacity threshold at referral	

2. Referral status

Provider to complete the relevant section and submit to the case manager. If the referral is accepted, servicing and invoicing can only commence on or after date of submission.

Accept referral

Date service commenced

Name of provider delivering service

Email

Contact number

Reject referral

Provider does not have capacity to provide the FFW service in the time required.

Provider is not authorised to deliver the FFW service.

Evidence of actual or perceived conflict of interest.

Referral does not meet referral criteria defined in Fee schedule

Other e.g. WHS risk factors

* If referral is rejected, please provide further details below:

Appointed RTW Consultant name:

Class

RTW Consultant profession:

RTW Consultant email address:

3. Provider details

Referral assessed by (name)

Company

Address

Phone number

Email address

Signature:

Date: