

Service request form

Pre-injury employer service

Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	<input type="checkbox"/> PI duties transition
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

Section 1

To be completed by provider.

1.1 Request

- Level 2 intervention
- Level 2 service and travel extension hours (max. 5) weeks (max. 4)
- Additional regional travel hours (max. 5) postcode
- Service suspension, period of suspension (start date) (end date)
- Service closure (proposed closure date)

1.2 Rationale for request

Provide detail of rationale for request (e.g., reason for request and breakdown of activity):

1.3 Provider details

- Print name:
- Position:
- Company name:
- Address:
- Phone number:
- Email address:
- Signature:
- Date:

Section 2

To be completed by claims agent and returned to the provider by email within 2 business days.

- Pre-injury employer service request approved: Yes No
- Comments/Action required:
- Case manager name:
- Company:
- Address:
- Phone number:
- Email address:
- Signature:
- Date: