

Accept / reject form

Pre-injury employer 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		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	

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 request services
- Provider is not appointed for the requested service
- Conflict of interest
- Worker is not available to participate in service requested
- Referral does not meet referral criteria defined in Fee schedule
- Referral includes services not included in Fee Schedule
- Other e.g. WHS risk factors

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

3. Provider details

Referral assessed by (name)
 Company
 Address
 Phone number
 Signature:
 Date:

 Appointed RTW Consultant name
 RTW Consultant profession
 RTW Consultant email address

Class