

ST AGNES SURGERY

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Work Cover Claim Information Form

Your employer will be liable for all medical expenses involved with your accident/ injury if your claim is accepted by Work Cover. Please ensure all information is correct to avoid rejection of your account.

Should Work Cover reject your claim, you will be responsible for payment of **all** outstanding invoices within 14 days of you being notified by St Agnes Surgery. Accounts will need to be finalised before you lodge a claim for appeal.

I have read, understood and accept the conditions in regards to my account.

Claim Details

Title	Surname	Other Names
Date of Birth	Occupation	
Home Address		
Phone Number	Mobile	Home
Employers Name		
Employers Address		
Employer Phone:		
Employer Email:		

Work Cover Accounts are to be sent to (eg head office etc)

Claim Number

Name of Case Manager/ Agent

Brief Description of Injury

Date of Accident/Injury

Patient Signature

Date