EARLY INTERVENTION PROGRAM APPROVAL FORM

COMPANY CONTACT INFORMATION:

NAME: _____

TRADING NAME: _____ABN:_____

REGISTERED COMPANY ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE:_____

CONTACT PERSON: _____ POSITON: _____

PHONE NO: _____ FAX NO: _____

EMAIL: _____

INJURED WORKER:

Name:	Address:
Injury:	
Date of Injury:	
How many physiotherapy treatments are you approving at this stage? (maximum 4) € 1 € 2 € 3 € 4	
If the worker needs to be supplied a product up to the value of $100. Do you agree to pay for this: Yes / No	

PHYSIOTHERAPY AGREEMENT TERMS:

Consultations will be billed at the private patient rate (Initial $97.50, Standard appointments $70.00 and Dr Mandy Hobbs $80.00)

Invoices must be paid within 7 working days of receiving.

Workers Compensation Claims

If the Company decides to initiate a workers compensation claim then Healthfocus Physiotherapy must be notified and the WorkCover rates will be billed for all future appointments. A claim number and the insurer's details must be provided to Healthfocus Physiotherapy for inclusion on the patients file.

The Company agrees that it has initiated the worker's treatment and will be responsible for the costs of treatments under this plan.

The Company agrees to keep Healthfocus Physiotherapy Pty Ltd informed of the workers claim details.

SIGNATURES

SIGNED _____ PRINT NAME: _____

TITLE: _____ DATE: _____/_____/_____

Daintree
7 Daintree Way
WEST WODONGA VIC 3690
Phone: 02 6059 8387
Fax: 02 6059 8389

Albury
3/647 Dean Street
ALBURY NSW 2640
Phone: 02 6041 5744
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340 Griffith Rd
LAVINGTON NSW 2641
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