



## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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