

MP Sports Physicians

Specialists in sport and exercise medicine

Web www.mpsportsphysicians.com.au

Mornington Peninsula Sports Physicians

ABN 48101 654 522

MORNINGTON

Suite 5, Level 1, 315 Main St, Mornington 3931
Telephone (03) 5975 4255 Facsimile (03) 5975 4388

FRANKSTON

Suite 1/20 Clarendon Street, Frankston 3199
Telephone (03) 9770 2398 Facsimile (03) 9770 2587

BERWICK

Suite 3, St, John of God Hospital, Gibb St, Berwick 3806
Telephone (03) 9770 2398 Facsimile (03) 9770 2587

WORKCOVER FINANCIAL CONSENT FORM FOR PATIENTS OF MP SPORTS PHYSICIANS

I,.....

Acknowledge that I am seeking treatment for an injury covered by workcover/ my employer.

I have provided my claim details including insurer, claim manager, claim number, injury date and employer to MP Sports Physicians prior to my appointment.

I acknowledge that I am required to pay at the time of each consultation and subsequently claim my rebate from my insurer or employer.

I acknowledge that after reimbursement, there may be an out of pocket expense for each consultation. Procedures may incur an additional out of pocket cost.

I acknowledge that financial approval will be obtained prior to any procedures being performed at MP Sports Physicians.

I acknowledge that I will need to pay on the day for any procedures performed. Where prior approval has been obtained, I can expect reimbursement as detailed in the approval letter from my insurer. I understand that there may still be an out of pocket cost to myself.

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Please fill out ALL of the below details

Workcover Insurer:

Insurer Address:

.....

Case Manager: Fax:

Phone:

Claim Number: Injury Date:

Employer:

Contact Name: Fax:

Phone:

Please Sign and Date Below

Signed..... Date:

Name (printed).....

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Witness signature and name.....