

(Item No: 300094)

IMPORTANT- PLEASE READ CAREFULLY

Use this form to request approval for:

- incidental expenses exceeding \$50.00 per claim
- supportive devices exceeding \$100.00 per claim
- hire of equipment to workers.

Note: The *Allied health provider guidelines for forms* are available from Q-COMP at www.qcomp.com.au or call 1300 789 881.

Worker's details

Name: _____

DOB: _____

Claim number: _____

Incidental expense/supportive devices details

Qty	Description of incidental expense or supportive device	Reason for use	Cost

Equipment hire details

Description of item for hire	Reason for use	Hire period	Cost

Provider's details (stamp or print)

Provider's name: _____

Practice address: _____

Postcode: _____

Telephone: _____

Fax: _____

Signature: _____

Date: _____

Insurer's approval

Request accepted for payment:

Yes, as proposed

Yes, but modified: _____

No

Case Manager's name: _____

Telephone: _____

Fax: _____

Signature: _____

Date: _____