



Workers Compensation Claim Details

398 PRINCES HIGHWAY
WOONONA NSW 2517
PH: 4283 9000 FAX: 4285 7632

Patient details

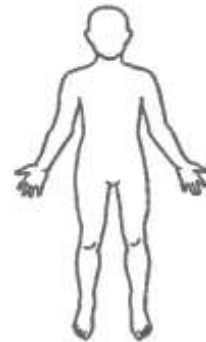
Name: _____

Address: _____

Phone: _____

Date of injury: _____

Nature and area of body injured:



CONFIDENTIAL

Employer's details

Company name: _____

Address: _____

Contact person (Manager) _____

Phone: _____ Fax: _____

Insurance Company: _____ Claim number: _____

Personal Payment

In the event of the company not paying these charges, the patient listed above agrees to be liable for the payment.

Patient Signature _____ DATE _____

Please give completed form to Reception