



PROPOSAL FOR INCREASED MEDICAL AND HOSPITAL EXPENSES

Send to: Provider Services Group, *WorkCover NSW*

Fax: (02) 9287 4321 WIMB@workcover.nsw.gov.au

Claimant Details		Agent Details	
Worker's Name:		Agent:	
Date of birth:	Date of Injury:	Contact officer:	
Claim Number:		Direct Phone Contact:	
Nature of Injury:		Fax:	

TYPE A Proposal: An additional specified amount over a specified period of time

	<input type="checkbox"/> Medical & Related Treatment	<input type="checkbox"/> Hospital	<input type="checkbox"/> Ambulance
Amount spent to date:	\$	\$	\$
Amount of increase sought:	\$	\$	\$
Period end date:			
Description of items/services:			

Type B Proposal: A specified amount where the cost of an individual item exceeds \$50,000

Amount spent to date: \$
Amount sought: \$
Description of item for expenditure:

Total amount for which employer will be liable for medical and related expenses for this injury \$

As an authorised officer of the Scheme Agent , I certify that the services being requested are in accordance with WorkCover Guidelines and are considered to be reasonably necessary.

Authorised Officer:	Name:	Signature:
Date proposal submitted to WCA:		

WorkCover use only		
<input type="checkbox"/> Endorsed	<input type="checkbox"/> Not endorsed	Comments (if applicable):
Signed:		
Date:		

Appendix 2

Supporting Documentation for Proposals

The Scheme Agent Principal is to provide a copy of the following information to support a proposal to increase the amount for which an employer is liable for medical and related treatments costs.

Type A If the proposal is for additional specified amount over a specified period of time

- A.1 Current Injury Management Plan including long range management plan
- A.2 Description of services to be provided
- A.3 Summary of reasons for considering that treatment is reasonably necessary, addressing the following criteria: appropriateness, effectiveness, alternatives, cost benefit and acceptance of the proposed treatment by the relevant professional group.

Type B If the proposal is for a specified amount where the cost of a single item exceeds \$50,000

- B.1 Current Injury Management Plan including long range plan
- B.2 Verification that the services being provided are in accordance with WorkCover Guidelines where applicable, for example Prosthetic Disc Replacement Guidelines
- B.3 Summary of reasons for considering that treatment is reasonably necessary, addressing the following criteria: appropriateness, effectiveness, alternatives, cost benefit and acceptance of the proposed treatment by the relevant professional group
- B.4 Evidence to support reasons given

For example:

Evidence to support appropriateness may include

- In the case of vehicle modifications, Registered Driver Trained Occupational Therapist report providing rationale for the recommended car features/modifications;
- In the case of equipment, treating therapist reports providing rationale for the recommended equipment, with reference to the injured worker's functional capacity;

Evidence to support costs may include

- In the case of surgery, itemised service costings;
- In the case of equipment, vehicle or home modifications, comparative itemised quotes.