**EXPENSES REIMBURSEMENT REQUEST CLAIM FORM**

|  |  |
| --- | --- |
| **Details** | |
| *Worker’s Name* |  |
| *Claim Number* |  |

In order to claim reimbursement of travel, prescribed pharmaceutical and other expenses associated with your compensable injury/illness. Please complete the form with supporting documentation and return to [ccesadmin@lawsonrisk.com.au](mailto:ccesadmin@lawsonrisk.com.au).

**IMPORTANT: PLEASE READ THE INFORMATION ON PAGE 2, PRIOR TO COMPLETING THIS FORM.**

* Receipts should be sent with this form to avoid loss and recorded below.
* Lack of verification may delay or prevent payment.

**Travel Related Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Provider Name** | **Address** | | **Method of Travel** | **KM Travelled** | **Cost** |
| **From** | **To** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

**Prescribed Pharmaceutical & Other Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Description** | | **Prescribed/recommended by** | **Cost** |
|  |  | |  | $ |
|  |  | |  | $ |
|  |  | |  | $ |
|  |  | |  | $ |
| **Worker’s Declaration** | | | | | |
| I       declare that the details shown on this form are true and correct and that they relate to my compensable work injury/illness. | | | | | |
| *Signature* | | *Date (dd/mm/yyyy)* | | | |
|  | | /     / | | | |

**Claims Reimbursement Costs Quick Reference Guide.**

To avoid being out of pocket please read carefully and contract your Claims Consultant if you are in doubt about expenses you have incurred.

|  |  |  |
| --- | --- | --- |
| *These costs are* ***generally******covered*** *provided they are deemed reasonable & necessary.* | | |
| * In-surgery procedures * Prescription Medication with itemised receipts * Blood tests | * General Practitioner visits * Specialist visits * Therapeutic appliances (crutches, splints) | * X-rays and other radiological tests * Travel to attend for treatment/return |
| *These costs are an example of what require* ***prior approval*** *before payment can be met. This is not an exhaustive list please consult your Claims Consultant to discuss – your provider needs to recommend these services in writing to your Claims Consultant.* ***Time and outcome based limits are strictly applied.*** | | |
| * Physiotherapy * Chiropractor * Psychologist * Occupational Therapist * Dentist * Exercise Physiology * Acupuncture by medical expert * Remedial Therapy * Naturopath treatment | * Dietician * Surgical/hospital costs * Pain Clinics * Swimming /hydrotherapy * Gym programs * Pilates * Spectacles * Orthotics and/or Footwear | * Short training courses * Taxi * Car Parking * Accommodation * Property Damage * Home Nursing * House cleaning or gardening |
| *These costs* ***will not be met*** *under any circumstances – they are not considered reasonable expenses under the Return to Work Act.* | | |
| * Chinese acupuncture/massage * Acupressure * Pelvic traction * Magnet Therapy * Proliferative therapy * Accuhealth * Bone exogen machine | * Neurosketal Dynamics * Iontophoresis * Laser treatment for pain * Hanoun Mutli Cervical System * Flotation * Exercise/gym/medi-balls * Clothing (gym, swimming) | * Tai Chi / yoga * Spa/sauna membership * Thermography * Private room, telephone calls, newspapers or TV in hospital * Travel to the Chemist |

1. Reimbursements of expenses reasonably incurred from your compensable work injury/illness are subject to the acceptance of your claim. Where there is a delay in the determination of your claim you may be offered payment of medical expenses on an interim basis.
2. All invoices for payment and reimbursement must be forwarded to [ccesadmin@lawsonrisk.com.au](mailto:ccesadmin@lawsonrisk.com.au).
3. Under the *Return to Work Act 2014*, services referred to as Section 33 expenses medical and like services will generally be covered (see above green section).
4. Some services are not considered to fall within the category of medical and like services and reimbursement will not be made (see above red section).
5. **Pharmaceutical reimbursements:** Complete the Prescribed Pharmaceutical & Other Expenses section and attached original receipts with the following information contained: your name, prescribing doctor, medication name and strength, cost and date dispensed. Cash register receipts with less than the information above will not be processed. Reimbursements will only be approved for prescription items.
6. **Travel Expenses** Compete the travel related expenses section.

Taxi

You must seek and obtain the prior written approval of the Claims Consultant. Approval will be considered only in exceptional circumstances.

Use of Car

Reimbursement can only be sought if you need to deviate from your normal route and/or routine to or from your worksite. You should take the nearest direct route to your treatment and not deviate (e.g. to go shopping) as part of your claim. You cannot claim travel to/from the chemist.

Car Parking Expenses

Car parking expenses are not usually reimbursed. You must seek written approval from the Claims Consultant who will advise if this is a reasonably incurred expense in the circumstances.