Engelbrecht PHYSIO INC. EST 1996

Injury on duty Claims / admin

Dear Injury-on duty client,

Please note that the following documentation and information is needed to put this claim through to the Compensation Commissioner:

1) **WCL 2** Employer's report of accident: **Page 1-3 all questions completed**
2) **WCL 4** First medical report: **with FULL CLINICAL DESCRIPTION**
3) **WCL 5** Progress reports / Final report
4) **Doctors referral note** on the doctor's official letterhead. OR on our letterhead, but with the doctor's full signature AND official stamp
5) **Certified ID** copy not older than 3 months
6) **Salary advice** and
7) **Letter of employment**
8) **Travel report** – if the patient was involved in a motor vehicle accident – Employer to complete
9) **Assault questionnaire** – if patient was assaulted – Employer to complete

If all the above are not sent, we will not be able to get the claim registered, which will lead to claims becoming stale and you being liable.

Name of employer: . . . . . .

E-mail address of employer: . . . . . .

Compensation Fund claim number: . . . . . .

Date of accident: . . . . . .

Please note:

- If there has been no treatment for 3 months, the compensation fund will assume that treatment has been terminated. Subsequent physio will require a new referral letter.
- If services are rendered more than 2 years after the accident: Approval of re-opening report
- If correctional services are the employer: G 111 form

If ANY of the above information or documentation is outstanding, you will personally be liable to pay the account

I undertake to supply all the documentation needed OR to pay the account myself

Full names: . . . . . .

Signed: . . . . . Date: . . . . . .

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