WorkCover QUEENSLAND

Request for non-surgical treatment

(Outpatient care only – prior approval required)

How to use this form:

This form is only for **non-surgical treatments provided in an outpatient setting**. Please type or clearly print all responses.

Do **NOT** use this form for:

- **Surgery** - use Request for Surgery Approval Form
- **Specialised inpatient programs** - use Request for Specialised Program Form

Submit the completed form via:

- **Provider Connect**
- Our website **workcoverqld.com.au**
- By fax **1300 651 387**

1 Worker details:

Claim number	
First name	
Surname	
Date of birth	

2 Request for treatment

Item number	Description	No. of sessions required	Cost (per session)
		Total:	$ 0.00

Proposed facility for treatment	
Proposed treatment start date	

Admission required? ◯ Yes* ◉ No

* If inpatient admission for the treatment is required, please complete the request for **specialised program form FM303**

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3 Further information and medical practitioner details

A fee is payable if the following three questions are answered in full.
Please use item code: **100808**

What is the current work-related diagnosis?

Is the treatment proposed to treat the work-related injury or pre-existing condition - with explanation?

Please provide an outline of the expected time- frames for return to work and recovery, and the type, frequency and duration of any rehabilitation.

Full name

Practice

Email

Phone / Fax

Signature

Date