

Request for surgery approval

How to complete this form

This form is only to be used for claims where WorkCover Queensland is the insurer. Please clearly PRINT or type your answers in the allocated spaces below.

Save this form and submit via:



[Provider Connect](#)



On our [website](#)

By fax to 1300 651 387

1 Worker details

Claim number

Surname or family name of worker

Given names of worker

Date of birth (DD/MM/YYYY)

2 Request for surgery Anticipated item number/s and surgery to be performed

ITEM NUMBER	DESCRIPTION	MOR* %	ESTIMATED COST

***Please note:** The Multiple Operation Rule (MOR) will apply to multiple procedures being performed on the one occasion. Ensure a copy of the full and unedited theatre notes completed at the time of surgery is attached with your invoice. Surgical fees must be based on the [Medical Items Table of Costs](#). Our [website](#) has more information about the MOR and how we approve surgery requests. If you need further assistance completing this form please call us on **1300 927 928**.

Proposed admission date (DD/MM/YYYY)

Proposed Hospital for admittance

Number of nights

Anticipated implants/prosthetics to be used

1 _____

2 _____

3 _____

Time to post-operative consultation _____ weeks

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 surgery 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

Telephone / Fax

Email

Signature

Date (DD/MM/YYYY)