WorkCover

New Patients

<u>Patient must have:</u>

- **CLAIM NUMBER**
- **DOCTORS REFERRAL (Work Cover Certificate of Capacity)**
- **NAME OF INSURANCE COMPANY**

1. Workcover patients have a separate New Patient form to fill out which can be found on the clipboard labelled Workcover. To print these a shortcut can be found on the desktop.
   Extra details include:
   a. Employer Details
   b. Insurance Company
   c. Claim Number
   d. Case Manager
   e. Injury

2. Need Doctors Referral (ideally the work Cover 'Certificate of Capacity').

3. Enter these extra details in 'Funding' See image below.

4. Enter these 'Extra Claim Details':
   a. Add in Claim Number
   b. Employer
   c. Paying Organisation – Insurance Company
   d. Payer Organisation (existing invoice, same patient)
   e. Schedule – Always monthly
   f. Case Manager – Accident date if known

5. Jen emails off invoices on the 1st of every month.