

Service Chiropractic Exercise Physiologist Psychologist Speech pathologist Other:
 Physiotherapy Occupational therapy Podiatrist Osteopathy

IMPORTANT - PLEASE READ CAREFULLY

Fully complete this form and send it to the insurer if treatment is required beyond the initial approved or pre-approved treatments or where prior approval is required to commence treatment. Attach an additional sheet if you need more room. The *Allied Health Provider Guidelines for forms* are available from Q-COMP at qcomp.com.au or call 1300 789 881.

Worker's details

Name: _____
 DOB: _____ DOI: _____
 Diagnosis: _____
 Claim number: _____
 Referring doctor: _____
 Worker's occupation: _____

This is provider management plan no: _____
 Date of initial consultation for present injury: _____
 Total consultations for this injury approved to date: _____
 No. consultations required in this plan: _____
 Provider's contact details (Stamp or print – must include treating provider's name and contact phone number):

 Phone _____ Fax _____
 Signature _____ Date _____

Treatment plan

Type and number of consultations being provided

	TOC Item No.	No. of services or costs

Outcome measures used to assess and monitor worker's progress throughout treatment period

Outcome measures	Measures (at initial assessment)	Current measures (at beginning of plan)	Anticipated outcomes (at end of current plan)

Identified barriers to return to work and recommended strategies to overcome barriers

Barriers	Recommended strategies

Other: _____

Insurer approval

Plan accepted: Yes, as proposed Yes, but modified _____
 Case manager's name: _____ Telephone: _____
 Signature: _____ Date: _____
 Medical certificate expires on: _____

Submitting a PMP to the insurer:
 Submit PMP to the insurer before the last approved session either by phone, fax or email
 Insurer provides decision within two working days of receipt of PMP
 If PMP is approved, continue to treat worker according to PMP
 If PMP is not approved, Insurer will provide explanation\ if the PMP is declined in part or full.
 Contact the insurer if you have any questions or concerns about the worker's rehabilitation.