



Australian
National
University

ANU

Workers' Compensation

Claim Pack

Table of Contents

1. ANU - Workers' Compensation Claim Form
2. ANU - Authority to Collect, Use and Disclose Personal Information
3. ANU - Frequently Asked Questions (FAQ's)
4. Medical Certificate of Capacity
5. ANU - Claim for Time Off Work Form
6. ANU - Medical Services Claim Form



Workers' Compensation Claim Form

This form is to be completed if you wish to claim workers' compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act), an Act relating to the rehabilitation of employees and to workers' compensation for those employees.

Sections of this form are to be completed by you and your employer. If you have difficulty completing this form, please seek assistance from your employer.

How to claim

- If you have not already told your employer that you have been injured or contracted an illness at work, notify them as soon as possible.
- Either complete this form together with your employer or, once you have answered your questions in the Employee section, then give this form and any attachments to your employer. Your employer will then complete their section and send it to the Claims Management Team.
- If you are no longer employed, you must complete and give the form and attachments to the employer you were working for when you were injured or became ill. If that employer no longer exists or has changed its name, please complete the Employee section of this form and send it to ANU.
- If your answers do not fit in the space provided, please attach additional pages with the necessary details.

Attachments you must supply

Your claim cannot be assessed unless you attach:

- A *Medical certificate for compensation* with diagnosis and causation (including what has caused your condition), completed by your doctor or medical specialist, describing your condition and symptoms. This form can be downloaded from the Workers' Compensation at ANU webpage.
- If you are claiming for a psychological injury you must attach a statement outlining the events that contributed to your injury in support of your claim.
- If you are only claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment and not for time off work, you only need to provide a certificate from your treating chiropractor, physiotherapist, dentist or osteopath.
- A separate *Journey form* must also be completed if your injury happened while travelling for work purposes. This form can be downloaded at [Workers' Compensation at ANU](#).

If you need more information

Contact the Claims Management Team via email: workerscomp@anu.edu.au

Responsibilities

Your responsibilities

- Actively engage with your employer and/or your Rehabilitation Case Manager to facilitate your return to work and health.
- Actively participate in your rehabilitation programme.
- You can also talk to your employer and/or your Rehabilitation Case Manager about your employer's rehabilitation policy and procedures.
- Provide the University with timely, accurate and complete information about your claim.
- Cooperate and communicate regularly with your employer, Rehabilitation Case Manager and rehabilitation provider about your claim.
- Advise the University as soon as possible about any changes in your circumstances.

Employer's responsibilities

Assist with your rehabilitation and encourage early and safe return to work.

Help you find suitable work or a gradual return to work where a return to normal duties is not possible.

Talk with your treating doctor to understand what jobs/tasks you can safely do at work.

Assess whether a rehabilitation programme is needed, and appoint a rehabilitation provider if required.

Claims management team responsibilities

- Work with you, your employer and treating doctors to get you back to health and work.
- Let you know when your claim has been received and notify you of any decisions and entitlements.
- Deliver appropriate and timely management of your claim, including payment for your treatments and time off work where appropriate.
- Provide rehabilitation and return to work support to both employees and employers.

What you should expect to happen next

ANU will let you know when your claim has been received and will notify you of any decisions.

Privacy statement

ANU is authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect, use and disclose your personal information. If ANU is unable to collect, use and disclose your personal information for the purposes of assessing your claim or related functions, we may not be able to determine your claim. ANU collects an employee's personal information that is reasonably required in order to manage the compensation claim, any associated rehabilitation or the University's regulatory requirements under the SRC Act and the *Work Health and Safety Act 2011* (WHS Act). ANU may also need, in accordance with the *Privacy Act 1988*, to collect your personal information from, and disclose your personal information to, a number of parties, including the following:

- your employer (including any relevant managers) when you were injured, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to your claim
- your Rehabilitation Case Manager
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors
- law enforcement authorities
- personnel engaged by ANU to conduct research related activities the Safety, Rehabilitation and Compensation Commission
- Department of Veterans' Affairs
- ANU fraud investigators
- inspectors appointed under section 156 of the WHS Act
- any relevant third party (or insurer) considered by ANU to have contributed to or have information relevant to the claimed injury, illness or impairment
- any other person assisting ANU in the performance of its functions or exercise of its powers, including contractors and consultants
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation).

It is unlikely the University will provide personal information to anyone in an external territory or outside Australia, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to someone overseas, ANU will follow the Australian Privacy Principles that relate to disclosure to overseas entities.

Accuracy of personal information. ANU wants to ensure personal information is up to date and complete. Our Privacy Policy explains how to access personal information held about you and how to go about making any corrections.

Complaints. If you think the University has interfered with or breached your privacy (relevant to the Privacy Act 1988), our Privacy Policy contains information about what you should do and how we will respond.

For a copy of our Privacy Policy or to make a privacy complaint please refer to anu.edu.au/privacy or contact us on 02 6125 5111.



Employee's authority and declaration

1. I have read and agree to all the information within this form including the privacy statement.
2. The information that I am providing in this form and in any attachments are an accurate representation of facts and events. I understand that making a false or misleading claim, or statement in support of this claim, is punishable by law and I may be prosecuted and can result in the University recovering any money they give me.
3. I authorise and consent to the collection, use and disclosure of my relevant personal and medical information by ANU and any relevant parties, including those listed above, for purposes connected with the assessment and management of my compensation claim, and by the University carry out its regulatory functions.
4. I understand if I withdraw my consent then this may result in my claim being suspended or cancelled.
5. I know I must immediately inform the University if I become employed in any way during the period I am absent from work due to my injury/disease.
6. I know I must immediately inform the University if I am aware of any overpayments that I may have received and these may be recovered by ANU.
7. I know I must inform the University if my injury or disease improves enough to allow me to return to work.

Print your name

Signature

Date

25. At the time you were injured/became ill, were you taking any prescribed medication or under the influence of alcohol or other drugs?

☐ Yes ☐ No

Please provide details



If you believe that there are additional circumstances relevant to your situation, please attach a signed and dated statement.

26. Do you intend to make a claim, or take any other action, against any other third party for this injury (e.g. insurance company, Department of Veterans' Affairs, Dust Diseases Tribunal or government entity)?

☐ Yes ☐ No ☐ Not sure

You must inform the University in writing when initiating a claim against the government or a third party in respect of your injury/illness. Failure to notify the University within seven days of initiating proceedings may result in a penalty.



If you have been treated by other medical practitioners, attach a list that provides details as outlined in Q27-32.

You may be required to attend independent medical examinations throughout the course of your claim.

33. Have you ever experienced a similar symptom, injury or illness, work-related or otherwise?

☐ Yes ☐ No

34. Have you ever claimed compensation through any insurer, for a similar injury or condition (e.g. claims with the Department of Veterans' Affairs, the Dust Diseases Tribunal, or involving a motor vehicle accident)?

☐ Yes ☐ No, go to Q44

35. Describe your injury/condition

36. What parts of the body were affected?

37. Name of your employer at the time

38. Year of claim

39. Name of insurer

40. Claim reference number (if known)

Your medical treatments

27. When did you first seek medical treatment?

Date / /

28. Name of medical practitioner

29. Name of specialist clinic or hospital

30. Address

31. Phone

32. Type of medical provider (e.g. physiotherapist, chiropractor, counsellor)?



Please attach a Medical certificate for compensation form completed by your doctor.



If you have claimed workers' compensation for any other similar injury or condition please attach an additional list.



Your bank details

44. Any medical expense payments that are due to you will be paid by electronic funds transfer (EFT) into your bank account. Please provide your bank details and sign the authorisation.

Name of institution

Branch

Address

State

Postcode

Account name

BSB number

Account number

Authorisation: I authorise ANU to make payments into my nominated bank account.

Print your name

Signature

Date

Checklist

Once you have read, understood and completed the Employee section of this form, use this checklist to ensure you have supplied everything required. Please ensure you have provided all the attachments and authorisations, as failure to do so may delay a decision on your claim.

Signatures/authorisations

- ☐ Have you signed the Employee's authority and declaration section on page 2?
- ☐ Have you completed and signed the electronic funds transfer (Q44)?

Attachments

- ☐ Have you attached a *Medical certificate for compensation*? This needs to be completed by a legally qualified medical practitioner such as your doctor or medical specialist and includes the diagnosis and causation of your condition.
Or
- ☐ If you are claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment only and not for time off work, have you attached a certificate from the practitioner who is performing this treatment?
- ☐ Have you written and attached an additional list of medical practitioners related to your claim, not already included on this form (Q27-32)?
- ☐ Have you completed and attached the *Journey claim form* for injuries that occurred whilst travelling for work purposes?
- ☐ For psychological injury claims, have you included a statement outlining the events that occurred in support of your claim?
- ☐ Have you attached any other information you think is relevant to determining this claim? Please note that any statements must be signed and dated.
- ☐ Have you attached an additional list for any other similar injury or condition that you have claimed for in the past (Q34)?

Next steps

Keep a copy of your claim form and a record of the date you gave the claim form and medical certificate to your employer. If you have not filled out this form with your employer, please give the completed form and all your attachments to your employer.

Employer to complete

1. Agency name

2. Name of Rehabilitation Case Manager

3. Agency contact details

Street	
Suburb	
State	Postcode
Phone	
Email	

4. Alternative contact name and details

Name	
Street	
Suburb	
State	Postcode
Phone	
Email	

5. University ID

6. Your reference number for this claim or employee

7. Liable cost centre number*

8. Payroll cost centre number

*A cost centre number must be provided. Please consult your HR or internal injury management team for this information.

9. Do you intend to provide a statement of facts (i.e. additional information related to the employee's claim)?

☐ Yes ☐ No

If you wish to provide additional facts for ANU to consider in determining this claim, please attach a signed and dated statement or ensure that you provide one **within five working days** of receiving this form from your employee.

10. When were you first notified of your employee's injury/illness?

 / /

11. When did you receive this claim from your employee?

 / /

12. At the time was their employment

☐ Voluntary ☐ Temporary ☐ Permanent

13. Before your employee became injured/ill, what were their standard weekly working hours?

14. Date your employee started work with you

 / /

You must complete and return this form within five working days of receiving it from your employee.

15. How long were they in this role prior to injury?

Years	Months
-------	--------

16. At the time of the injury/illness, what was the employee's job title and their main duties (please include travel if relevant)?

Title
Main duties

17. At the time was the employee an

☐ Apprentice ☐ Trainee ☐ Neither

18. Has your employee had any time off work as a result of the injury/illness?

☐ Yes ☐ No

19. Has your employee returned to work since their injury/illness?

☐ Yes ☐ No

20. Is the employee still employed with you?

☐ Yes ☐ No

21. Is the employee still employed by the Australian National University? If not, what date did their employment cease?

☐ Yes ☐ No / /

If the employee is claiming for time off work you will need to complete the separate *Claim for time off work form* available from the Workers Compensation at ANU webpage.

22. Employer's authorisation



This form is to be signed by a manager with line management responsibility for the employee at the time they were injured or became ill.

Name

Position

Phone

Email

I have read the information I have provided in this form and in any attachments, and declare it is true and correct.

Signature

Date

 / /

Once completed and signed, please return this document and attachments to **injurymanagement@anu.edu.au**
Alternatively you can post this form to:
Injury Management Branch
Work Environment Group - Human Resources Division
10B East Road, Chancelry Building
Australian National University
ACTON ACT 2601

Authority to collect, use and disclose personal information

Workers' compensation claim at ANU

Privacy Notice

ANU needs to collect, use and disclose your personal information about your condition, claim, treatment, rehabilitation, and related matters, so we can facilitate activities in relation to the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act). If you do not authorise us to handle your personal information for this purpose we may not be able to effectively facilitate your rehabilitation or return to work, or manage your claim.

We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. You can access your personal information, ask us to correct inaccuracies in it, or make a complaint to us if you think we have breached our obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to contact us to view or correct your personal information, and how to make a complaint, and is available at the [ANU policies](https://policies.anu.edu.au/ppl/index.htm) website: <https://policies.anu.edu.au/ppl/index.htm>.

ANU is not likely to disclose the personal information collected under this authority to a recipient outside Australia unless the information relates to an injury or illness sustained, or treatment provided, while you were overseas. If disclosure of personal information is made to an overseas recipient, ANU will comply with obligations in the Privacy Act applicable to the disclosure of personal information to overseas entities.

I [name]

Uni ID

of [address]

authorise and consent to any medical practitioner, health professional, hospital or other health institution or rehabilitation provider who has examined or treated me for

to discuss with and provide to my case manager, claims manager or his or her delegate within the Safety and Wellbeing Team any reports, clinical notes or other relevant information relating to this, or other related conditions.

I authorise and consent to my case manager, claims manager (or their delegate), my supervisor, Human Resources Management staff, any medical practitioner, health professional, hospital or other health institution or rehabilitation provider disclosing, releasing, or discussing records containing my personal and medical information, between one another.

I understand that the personal information is required for the purposes of facilitating activities in relation to the SRC Act, managing my treatment, rehabilitation and/or return to work, as the case may be.

I authorise and consent to a photocopy of this consent being sufficient evidence of my authority and consent to discuss or provide the medical information requested.

Signature

Date

Frequently Asked Questions (FAQ's)

What are my rights under the Safety Rehabilitation and Compensation (SRC) Act?

An employee has the right to:

- their entitlements under the SRC Act
- confidentiality
- access to documents that relate to their claim
- ask for certain decisions to be reconsidered

What entitlements might I receive?

Under the SRC Act reasonable medical treatment will be paid based on an employee's individual situation. Medical treatment includes services that are provided by, or under the supervision of, a legally qualified medical practitioner, and may include treatment by health professionals such as physiotherapists, osteopaths, dentists, as well as prescribed medications.

When an employee has time off work as a result of their injury, they may be entitled to incapacity payments. Medical evidence linking their absence from work with their compensable condition must be provided.

What about my privacy?

The information provided by an employee to allow their claim to be managed is subject to the 'privacy principles' under the Privacy Act.

- [Read more about privacy](#)

How can I access information about my claim?

If an employee would like to view their claim file, ANU will arrange to give them a copy of documents held in relation to the claim. Employees simply need to submit their request in writing. This is to make sure the employee's documents are not provided to someone else. There is no charge for the information provided.

What are my responsibilities?

An employee's responsibilities include:

- Promptly reporting to their employer the details of any accident, injury or disease that might be related to their work.
- Co-operating with their employer, case manager, claims manager and rehabilitation provider to achieve a full return to work (if this is medically appropriate).

Employees may also be required to attend a medical examination if arranged by the Claims Management Team at ANU. You must also notify ANU of any third party action taken, as well as any change to your personal circumstances.

What changes in circumstances should I report?

Employees receiving compensation benefits should advise any change to their:

- name
- address
- number or circumstances of their dependents
- employment (including employment outside the ANU, whether voluntary or otherwise)
- earnings
- medical condition
- bank account details (if their incapacity benefit is being paid directly into their bank account)

What about Third party action?

If an employee, their dependents, or another person, starts legal action against a third party or against a Commonwealth or ACT Government employer in relation to their work-related injury or illness, ANU must be notified, in writing, within seven days, that those proceedings have been started.

Providing misleading or false information

If at any stage the employee becomes aware that they made a misleading statement (for example on a claim form) they can amend this by writing to their Claims Manager.

Uncorrected false or misleading statements may lead to delays in a decision on the claim.

In certain cases, it may also lead to action being taken under the *Crimes Act 1914*. From time to time, investigations may be taken into the legitimacy of a claim if it appears amongst other things, that the information provided may be false or misleading. This helps ensure only legitimate compensation claims are accepted.

Certificate of capacity

Participating in good, safe work and other activities is an important part of recovery.

This document is the preferred medical certificate to accompany an employee's claim for compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).



Australian
National
University

Required fields are marked with *

1. Patient details

First name*		Last name*	
Address*			
Suburb*		State*	
(must be a residential address, not PO Box)			
Date of birth*		Mobile	
Claim number (if known)			
Occupational/job title			
Other current Employer name/s			

2. Diagnosis

Is this a new injury or illness?* ☐ Yes ☐ No Date injury or illness occurred or developed*

What is the diagnosis or diagnoses of the injury or illness?*
(Non-specific diagnoses of pain, injury or anxiety are not valid. A provisional diagnosis is acceptable and can be updated in future certificates as more information becomes available through investigation or treatment.)

Examination date*

How is the injury or illness related to work?

Detail any pre-existing factors that may be relevant to this injury or illness

Pre-existing factors can include work, environmental, social or personal circumstances related to or impacting recovery and return to work

3. Management plan

Treatment and services

Include: injury management and strategies to increase capacity for work, strategies to address any work barriers, strategies to address any work design risks and workplace rehabilitation support (this could include non-vocational or vocational assistance)

Referral I have referred or recommend my patient attend the following treatment or supportive service:

☐ Medical (specialty and frequency)	
☐ Allied health (specialty and frequency)	
☐ Medications (name and dose)	
☐ Workplace rehabilitation provider (WRP)	
☐ Other (type e.g. imaging, medical)	

4. Capacity assessment *Select applicable and provide relevant detail*

Physical function	Can	With modifications	Cannot	Physical function comments <i>e.g. weight restrictions for lifting, driving duration</i>
Sit	☐	☐	☐	
Stand/walk	☐	☐	☐	
Bend	☐	☐	☐	
Squat	☐	☐	☐	
Kneel	☐	☐	☐	
Lift	☐	☐	☐	
Stairs/climbing	☐	☐	☐	
Neck movement	☐	☐	☐	
Reach above shoulder	☐	☐	☐	
Use injured arm/hand	☐	☐	☐	
Drive	☐	☐	☐	
Other (provide details)	☐	☐	☐	

Psychological function	Can	With modifications	Cannot	Psychological function comments
Attend/concentrate	☐	☐	☐	
Memory (short and long term)	☐	☐	☐	
Judgement (ability to make decisions)	☐	☐	☐	
Tolerate workplace frustrations	☐	☐	☐	
Other	☐	☐	☐	

5. Certification

Taking account of the capacity assessment in section 4 where relevant, my patient (choose one of the following 3 options):

☐ 1. Is fit for pre-injury work from ☐ This is a final certificate

☐ 2. Has capacity for suitable/alternative duties from to days or hours per week

Capacity for work

Outline any modifications required, other factors affecting recovery or any additional comments to support your patient's capacity for work e.g. gradual return to work requirements, suitable duties or reasonable adjustments needed to facilitate recovery at and return to work If a return to work plan has been developed for your patient by the employer or WRP, and you support the plan, please advise and have this accompany the completed certificate, rather than specifying modifications.

☐ 3. Has no capacity for any work from to

Estimated return to work date

Review date

I have discussed the types of activities and functions the patient may or may not be able to perform in the workplace with*

☐ patient ☐ employer ☐ insurer ☐ WRP

I request a return to work case conference with: ☐ employee ☐ employer ☐ WRP (if applicable) ☐ insurer (if applicable)

6. Medical practitioner declaration

I certify that I have examined the patient. The information and clinical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Medical practitioner details* (or practice stamp)

Medical practitioner signature*

Provider number* Date of issue*

The Australian National University will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the relevant website at: https://policies.anu.edu.au/ppl/document/ANUP_010007

A guide to using the certificate of capacity

The certificate of capacity must be completed by a legally qualified medical practitioner (LQMP). A LQMP can be a general practitioner or a specialist, such as a surgeon, psychiatrist or a dentist.

The certificate provides information about a worker's capacity for work. It aims to improve information exchange and work capacity and encourage a positive focus on what an injured employee can do.

2. Diagnosis

A diagnosis must be included on the certificate. For psychological illnesses, DSM-5-TR or ICD-10 criteria are to be used in formulating a diagnosis for commonality of language and consistency with presumptive legislation.

Include all medical conditions that affect the person's ability to do their work, whether compensable or non-compensable.

The '*date injury/illness occurred or developed on*' is the date that the patient says their injury or illness commenced/occurred. A specific date of injury is required.

3. Management plan

Outline a clear plan for recovery including current and proposed treatments and any investigations required. A management plan will help your patient understand what's required to support their recovery and return to work, and assist employers, claims managers and other treating health providers plan and manage treatment and other support services.

4. Capacity assessment

The capacity assessment is about your patient's capacity for work in general and is not necessarily job specific. This information is central to planning a safe and sustainable return to work pathway and will help reduce the need for further requests for information about work capacity.

5. Certification

The health benefits of work should always be front of mind. Do not certify your patient as totally unfit for work if they have capacity for modified or alternative work duties.

If your patient is totally unfit for any form of work, provide clinical reasoning, expected timeframes for recovery, and actions to assist their next steps for recovery.

Suitable duties refer to work that meets a patient's capacities, skills, qualifications, experience, and work location, and considers medical limitations. Suitable duties could include duties other than the work your patient was performing before their injury/illness.

Return to work case conferencing is a meeting between you, your patient, their employer, and workplace rehabilitation provider and/or claims manager (if applicable). It allows all stakeholders to discuss how to best support your patient's participation in work and any workplace adjustments required during recovery.

By marking this box, you are indicating to the employer that you would like a case conference arranged for your patient or that you would like to be involved in a case conference to discuss recovery and return to work.

6. Medical Practitioner Declaration

Date of issue: the completion date must be the day on which the certificate was written. Certificates cannot be legally backdated.



Australian
National
University

Claim for time off work form

This form is used to claim compensation for time off work by an employee who is incapacitated for work, either partly or wholly, and continues to be employed by the Australian National University (ANU). A claim for incapacity payments must be made by the employee and submitted to ANU by the employee's current employer. Email completed form to injurymanagement@anu.edu.au

Surname	
Given names	
Date of birth	/ /
Claim number	
Date of injury	/ /
Current employer	

EMPLOYEE TO COMPLETE

Periods of absence claimed:

(note: leave can only be claimed for standard hours of duty)

Start time		am/pm
Start date	/ /	
End time		am/pm
End date	/ /	

Reason/s for absence

(attach a medical certificate for total incapacity, period of reduced earnings and graduated return to work. Attach an attendance certificate for leave for medical treatment)

- ☐ Totally unfit for work
☐ Leave to obtain medical treatment
☐ Period of reduced earnings
☐ Graduated return to work

Employee
signature

--

EMPLOYER TO COMPLETE

Redetermination (for claim/s previously submitted to Comcare) (please tick)	Periods in which partial or total absence from work occurred (periods should be submitted as whole weeks for all graduated return to work programs and for any total incapacity claims where incapacity is over 45 weeks)		Actual weekly hours/minutes worked (enter total for the whole week)	Actual earnings (salary paid for actual wks/hrs/ mins)
	From	To	Hours : Minutes	Dollars : Cents
☐ Yes ☐ No	am/pm/...../.....(date)	am/pm/...../.....(date)	:	:
Yes ☐ No	am/pm/...../.....(date)	am/pm/...../.....(date)	:	:
☐ Yes ☐ No	am/pm/...../.....(date)	am/pm/...../.....(date)	:	:
☐ Yes ☐ No	am/pm/...../.....(date)	am/pm/...../.....(date)	:	:

COMMENTS (must be completed if requesting a redetermination)

--

COMPLETED BY

Printed name

--

Signature

--

Phone number

--

Date

/ /

Privacy and your personal information: Your privacy is important to us. For information about how we handle your personal information, please visit www.anu.edu.au/privacy or contact us on +61 2 6125 5111 and request a copy of our Privacy Policy.

Public Holidays: It is an employer's responsibility to pay an employee for a public holiday based on the conditions in the agency's enterprise agreement. ANU will treat public holidays as hours worked by the employee.

Employer and employee should keep a photocopy. Employer to forward original to: Injury Management Branch, Safety and Wellbeing Team, 10B East Road, Chancelry Building, Australian National University, ACTON ACT 2601

Medical Services Claim Form

(Please use this form to claim the cost of medical treatment and travel expenses. Only Part B of this form needs to be returned to ANU).

ANU pays for reasonable medical, hospital, pharmaceutical and other treatment costs that are related to your work-related injury or illness. However, for many services ANU may use fee schedules set by professional associations, such as the Australian Medical Association or other allied health organisations to reimburse the costs for a number of medical services. As a result, there may be a difference between the amount your provider has charged and what ANU is able to reimburse you for those services.

SEND COMPLETED FORM TO:

Claims Management Team, Safety and Wellbeing Team, People and Culture Division
10B East Road, Chancellery Building
Australian National University
ACTON ACT 2601
Alternatively email the completed form to: workerscomp@anu.edu.au

PART A—INFORMATION ONLY

(Only Part B needs to be returned to ANU.)

PRIVACY STATEMENT

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If ANU does not collect personal information from you for the purposes of assessing your claim or related functions, we may not be able to determine your claim.

For those purposes, ANU may need to collect from, use and disclose your personal information to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to your claim
- your Claims Services Officer (CSO)
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors and law enforcement authorities
- the Safety, Rehabilitation and Compensation Commission
- inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- any relevant third party (or insurer) considered by ANU to have contributed to the injury, illness or impairment
- any other person assisting ANU in the performance of its functions or exercise of its powers
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation.
- legal advisors and law enforcement authorities

Please refer to www.anu.edu.au/privacy or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

COSTS FOR REIMBURSEMENT

Please make sure you have:

- signed the Employee's declaration on page 4
- attached the invoices or receipts for medical or travel costs to your claim form
- attached the statement of benefits from Medicare or your private health fund if you have claimed a reimbursement for your medical expenses through these health insurers
- kept a copy of the invoices or receipts for your records.

If you have paid the account, reimbursement will be made to you. If you have not paid the account, ANU will make the payment to your service provider.

IMPORTANT INFORMATION FOR PAYMENT OF TRAVEL EXPENSES

- ANU will pay compensation for reasonably incurred travel costs, for the purposes of obtaining medical treatment, where
 - each journey (including the return part of the journey) by private vehicle exceeds 50km, or
 - you need the use of public transport (including buses, trains, planes and taxis) or an ambulance because of your accepted condition.
- When considering the reasonableness of your travel, ANU will have regard to the distance of available equivalent medical treatment from a service provider located closer to your place of residence or workplace.
- Travel is payable at a maximum rate for each whole kilometre travelled, having regard to the shortest practicable route you travel. The rate per km includes the cost of petrol, tolls and wear and tear on the car. The rate per km is set by the Minister and not ANU. Please contact ANU for the current rates.
- You must provide ANU with a medical certificate if you want to claim for the use of public transport or an ambulance. Your doctor must recommend the need for the use of this type of transport and give their reasons supporting their recommendation on the medical certificate.
- ANU will reimburse reasonable parking costs associated with obtaining medical treatment and may also reimburse you for reasonable accommodation and meal costs associated with overnight or long distance travel for the purpose of obtaining medical treatment where the journey exceeds 50km. Private expenses, such as the use of mini bars, internet connection, telephone calls or personal items, such as, magazines, books, clothing or toiletries are not included in these costs.
- In order for ANU to reimburse you for the costs associated with your travel i.e. accommodation and meals, you will need to obtain tax invoices/receipts from the service providers involved for these costs. Please note ANU is unable to reimburse costs from Eftpos receipts as they do not meet processing requirements. The journey must exceed 50km for accommodation and meals to be payable.
- Reimbursement of your expenses will not be made until attendance at your appointment has been confirmed. ANU may require a certificate of attendance from the doctor/clinic when you attend. Please attach this to your application.

NOTE: If your bank account details change, please complete and submit the request to change bank account and or personal details form available online.

Medical Services Claim Form

PART B - RETURN TO ANU

Employee's Uni ID.

ANU Claim Reference No.		Phone (home)	
Surname		Phone (work)	
Given name(s)		Mobile	
Injury/condition		Date of injury	
Residential address			
Postal address			

Date of service	Service provider's name	Description of services (pharmacy item/medical service/ accommodation or meals associated with travel to medical appointment/household help services)	If claiming for house hold services please state number of hours claimed	Cost \$	Have you paid? Y/N	Claim has been made on:		Attached receipt/ invoice? Y/N
						Medicare	Private health insurer	

CLAIM FOR TRAVEL EXCLUDING ACCOMMODATION AND MEALS

Date of treatment	From: (place and suburb or town)	To: (place and suburb or town)	Reason for travel	Type of transport (private vehicle, bus, taxi)	Total distance travelled (Km)	Fare (\$)

EMPLOYEE'S DECLARATION

- I authorise ANU to contact my referring practitioner or the provider of the services if clarification of the details on the accounts/receipts is required.
- Under the provisions of the *Safety, Rehabilitation and Compensation Act 1988*, I claim payment for the services listed on this form.
- I declare that
 - o I have obtained these services in relation to my compensable condition
 - o All the services relate to my compensable condition.
- I am aware that
 - o Giving false or misleading information is a serious offence and could lead to prosecution under the *Criminal Code 1995*
 - o Any monies paid to me by ANU as a result of a false or misleading statement or false or misleading information will be recovered.
- I understand that if the invoice/receipt does not contain sufficient information such as name, provider's contact details, address, ABN number, date of service, individual service cost, item number (if applicable) or name of pharmacy medication, the invoice/receipt will be returned to me.

Signature

Date

/ /