WORKER'S COMPENSATION

Please return this form to reception once completed
admin@gsspecialistcentre.com

PATIENT DETAILS

Patient name	
Patient date of birth / /	Patient phone

EMPLOYER DETAILS

Company name
Representative name

INSURANCE COMPANY DETAILS

Claim ID
Company name
Claim manager
Claim manager phone
Claim manager email

INJURY / ILLNESS DETAILS

Injury / illness	
Location on body	
Location where injury occurred	
Date of injury / /	Time of injury

55 Cockburn Road, Mira Mar, Western Australia 6330 | PO Box 1573 Albany, Western Australia 6331
Tel 08 9841 3500 | Fax 08 9841 2629 | admin@gsspecialistcentre.com | www.gsspecialistcentre.com | ABN 21 965 693 870