Request for Specialised Program

WorkCover QUEENSLAND

How to complete this form

This form is only to be used for claims where specialised programs are required at a **private hospital**. Prior approval is required from the insurer. This form should NOT be used for surgery requests. Please use the Request for Surgery approval form for surgical procedures. 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

For self-insurers, save this form and submit to the relevant insurer.

1 Worker details

Claim number

Surname or family name of worker

Given names of worker

Date of birth (DD/MM/YYYY)

What is the current work-related diagnosis?

2 Proposed treatment program

Select program type ☐ Mental health ☐ Rehabilitation ☐ Pain management ☐ AODS

☐ **Please check this box to acknowledge that you have attached a copy of the treatment program outlining the services to be delivered and the anticipated goal and outcomes.**

ITEM NUMBER	ADMISSION PERIOD (DAY/S)	ESTIMATED TOTAL COST

Please refer to the Private Hospital Services Table of Costs

Clinical justification for request
NOTE: The insurer will only consider requests for accepted injury/ies.

3 Admission details

Proposed admission date (DD/MM/YYYY)

Proposed Hospital for admittance

4 Previous treatment program

Select previous program type ☐ Mental health ☐ Rehabilitation ☐ Pain management ☐ AODS

Details of previous treatment (if relevant) related to the accepted injury/ies only

5 Medical practitioner details

Full name

Practice

Telephone / Fax

Email

Signature

Date (DD/MM/YYYY)