

Chiropractic fee schedule and guidelines

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Returning to work and the role of the health provider

Why return to work is important

Getting back to work can be a crucial part of an injured workers rehabilitation as it can help to reduce the financial and emotional impact on workers and their families. With a positive approach and the right support, injured workers can recover and return to normal life. Helping improve South Australia's return to work rates is everyone's responsibility and we all have a role to play.

The health provider's role in the recovery process

Health providers have a vital role to play in helping injured workers stay at or return to work. Staying at home until completely recovered is often not the best thing for an injured worker. Health providers can help by focusing on what a worker can do rather than what they can't. To help make a difference, ensure that you:

- screen for risk early
- adopt a whole person approach
- make enough time for clinical management
- contact the workplace where applicable.

For more information, visit the health provider tab at www.workcover.com

How to use the *Chiropractic fee schedule and guidelines*

This document contains information on services and fees that apply to registered chiropractors who provide services to South Australian workers compensation claimants.

This publication is based on the schedule published by the Minister for Industrial Relations in the South Australian Government Gazette. Gazetted fees are the maximum fees chargeable, excluding GST. Where applicable, GST can be applied over and above the gazetted fee. **All services and fees in this schedule are effective 1 July 2011.**

The document is divided into three sections:

1. Fee schedule

This section includes all services, description of services, item codes and maximum fees chargeable.

2. Guidelines

This section includes detailed information regarding standards for provision of services. Providers are expected to deliver services in accordance with the relevant guideline. It should be noted that not all services have a corresponding guideline.

3. General information

This section provides general information relating to account and invoicing standards and useful contacts.

Copies of this document can be downloaded from our website at www.workcover.com>health provider>the workcover system>fee schedules.

The gazetted version can be downloaded from the Government Gazette website, www.governmentgazette.sa.gov.au.

If you have any questions, please call WorkCover's Service Centre on 13 18 55.

Chiropractic fee schedule quick reference guide

This schedule must be read in conjunction with *WorkCoverSA's Chiropractic Fee Schedule Guidelines*

* indicates changes made, please refer to service description and guidelines.

Item no.	Description	Max fee (ex GST)	Ref. page
CH001	Initial consultation not more than 20 minutes.	\$39.60	6
CH002	Initial consultation 20 – 30 mins.	\$66.00	6
CH003	Initial consultation 30 – 45 mins.	\$99.10	6
CH041	Subsequent consultation 10 – 20 mins.	\$39.60	6
CH042	Subsequent consultation 20 – 30 mins.	\$66.00	6
CH043	Subsequent consultation >30 mins.	\$92.50	6
CH780	Independent clinical assessment and report.	\$158.50 / hour	7
CH552	*Telephone calls greater than 3 minutes.	\$22.00	8
CH820	Standard treating chiropractic report.	\$158.50 flat fee	8
CH810	Comprehensive treating chiropractic report (max. 2 hrs).	\$158.50 / hour	9
CH815	Consultation to prepare a treating chiropractic report.	\$39.60	9
CH870	*Case conference	\$158.50 / hour	10
CURAP	Equipment, therapeutic aids and appliances.	Reasonable cost for the item	10
CH905	*Travel time.	\$134.60 / hour	11
CHT11	Cervical spine 2 views.	\$123.00	11
CHT13	Thoracic spine 2 views.	\$104.50	11
CHT15	Lumbo-sacral spine 3-6 views.	\$144.20	11
CHT16	Sacro-coccygeal area 2 views.	\$87.10	11
CHT27	Hip joint.	\$93.90	11
CHT28	Pelvic girdle.	\$118.60	11
CHT30	Radiology service not listed in schedule.	Reasonable cost for the item	11
CH999	Non-scheduled services.	\$158.50 / hour	11

Fee schedule

This schedule must be read in conjunction with *WorkCoverSA's Chiropractic Fee Schedule Guidelines* (see page 12 for details).

Consultations

Consultation by a chiropractor involving the chiropractor's attendance with the worker.

Initial consultations

The initial consultation may involve two separate attendances on the same day. For example, a second attendance might be required for the interpretation of test data (such as x-rays).

Item no.	Description	Max fee (ex GST)
CH001	Short initial consultation of not more than 20 minutes duration.	\$39.60
CH002	Initial consultation of more than 20 minutes but not more than 30 minutes duration.	\$66.00
CH003	Initial consultation of more than 30 minutes but not more than 45 minutes duration.	\$99.10

Subsequent consultation

Item no.	Description	Max fee (ex GST)
CH041	Standard subsequent consultation of more than 10 minutes but not more than 20 minutes duration.	\$39.60
CH042	Long subsequent consultation of more than 20 minutes but not more than 30 minutes duration. This consultation will involve all aspects of a subsequent consultation and, because of the complexity of the injury, will require extra time for history taking, re-examination, treatment, documentation and liaison. For example, this type of consultation may be expected in cases of injuries following major trauma or major surgery requiring intensive post-operative treatment.	\$66.00
CH043	Prolonged subsequent consultation of more than 30 minutes duration. This consultation will involve all aspects of a subsequent consultation, and because of the complexity of the injury, will require extra time for history taking, re-examination, treatment, documentation and liaison. This type of consultation is expected in only a limited number of cases, for example, in cases of injuries following multi-trauma, major surgery requiring intensive post-operative treatment such as complicated hand injuries or joint reconstruction and some neurological conditions.	\$92.50

Independent clinical assessment and report

Item no.	Description	Max fee (ex GST)
CH780	<p>Independent clinical assessment and report.</p> <p>Services provided by a chiropractor other than the treating chiropractor comprising:</p> <ul style="list-style-type: none">(a) a review of the worker's medical history(b) a clinical assessment(c) a review of the worker's activity and functional capacity(d) preparation of a report, <p>for the purpose of providing a differential diagnosis and/or making recommendations in relation to ongoing treatment/management services, functional goals, the worker's capacity to return to work and any other relevant matters.</p>	\$158.50 per hour
	<p>Note 1: An independent clinical assessment may be requested in writing by a:</p> <ul style="list-style-type: none">- claims agent or self-insured employer- worker or worker's representative- treating chiropractor.	
	<p>Note 2: This service is NOT to be performed by the treating chiropractor.</p>	
	<p>Note 3: An independent clinical assessment report must:</p> <ul style="list-style-type: none">(i) provide recommendations for further treatment/management (including referrals to other agencies) and the expected benefit to the worker(ii) address all questions asked by the referrer and where any question cannot be answered, provide an explanation(iii) be limited to the relevant circumstances of the worker's injury/condition(iv) be based on appropriate clinical examination, assessment and review of report(v) be consistent with accepted clinical practice and based on objective clinical findings(vi) be accurate, unbiased, precise and consistent(vii) document any inability to obtain the worker's consent to any aspect of the assessment.	
	<p>Note 4: Payment will only be made following submission of the report.</p>	
	<p>Note 5: Any part of an hour should be billed proportionately and rounded to the nearest 5 minutes.</p>	

Telephone calls

Item no.	Description	Max fee (ex GST)
CH552	Telephone calls greater than 3 minutes.	\$22.00 flat fee

Note 1: Telephone calls are chargeable if they are of a case specific nature, made to or received from the:

- claims agent or self-insured employer
- worker's employer (including the employer's rehabilitation and return to work co-ordinator)
- worker's representative
- WorkCover medical consultant
- workplace rehabilitation provider
- worker's referring/treating medical practitioner.

Note 2: Telephone calls are NOT chargeable if:

- made during a consultation
- made to or from a worker.
- the call duration is three minutes or less.

Note 3: This communication should not replace expected communication methods and reports between treating or referring practitioners.

Note 4: Invoices for telephone calls in accordance with this item must record the name of the other party.

Treating chiropractor reports

Standard report

Item no.	Description	Max fee (ex GST)
CH820	Standard report.	\$158.50 flat fee

A standard report is a clinical opinion, statement or response to questions relating to the status of the claim.

Note 1: A standard report may be requested by a:

- claims agent or self-insured employer
- worker or worker's representative.

Note 2: A standard report should be based on the chiropractor's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the chiropractor has not seen the patient for some time) a consultation fee may be charged using item number CH815.

Note 3: Payment will only be made following submission of the report.

Comprehensive report

Item no.	Description	Max fee (ex GST)
CH810	Comprehensive report. A comprehensive report is a clinical opinion, statement or response to questions relating to the status of a claim and requires additional information above that required by a standard report due to the complexity of the case. Complexity is defined as: <ul style="list-style-type: none">• three or more ongoing compensable injuries arising from the same claim• pre-existing conditions that have a significant impact on the compensable injury• co-morbidities that have a significant impact on the compensable disability. The maximum time chargeable for this item is 2 hours.	\$158.50 per hour
	Note 1: A comprehensive report may be requested by a: <ul style="list-style-type: none">- claims agent or self-insured employer- worker or worker's representative. Note 2 : A comprehensive report should be based on the chiropractor's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the chiropractor has not seen the patient for some time) a consultation fee may be charged using item number CH815. Note 3: Payment will only be made following submission of the report. Note 4: Any part of an hour should be charged proportionately and rounded to the nearest 5 minutes.	

Consultation for preparing a treating chiropractor report

Item no.	Description	Max fee (ex GST)
CH815	Consultation for the purposes of preparing a standard or comprehensive treating chiropractor report.	\$39.60 flat fee

Case conference

Item no.	Description	Max fee (ex GST)
CH870	<p>Case conference.</p> <p>Case conference attended by a chiropractor for the purpose of discussing:</p> <ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work • options for the management of a worker's recovery and functional restoration • information relating to the suitable duties at the workplace • barriers to return to work • other related information. 	\$158.50 per hour
	<p>Note 1: A case conference may be requested by a:</p> <ul style="list-style-type: none"> - claims agent or self-insured employer - worker's employer (including the employer's rehabilitation and return to work coordinator) - worker or worker's representative - workplace rehabilitation provider - treating medical expert. <p>Note 2: The claims agent or self-insured employer should attend the case conference if at all possible. If the claims agent or self-insured employer is unable to attend, they should delegate a representative.</p> <p>No fee is payable for records made by a chiropractor during the case conference unless delegated as the representative by the claims agent or self-insured employer.</p> <p>It is the responsibility of the claims agent, self-insured employer or delegated representative to make a written and signed record of the case conference that is to be distributed to all attendees. Differences of opinion should be noted in the record.</p> <p>The worker or worker's representative must always be invited to attend the case conference.</p> <p>Note 3: Case conferences conducted by telephone (teleconferencing) are chargeable under this item.</p> <p>Note 4: Travel may be charged separately in accordance with item number CH905.</p> <p>Note 5: Any part of an hour should be billed proportionately and rounded to the nearest 5 minutes.</p>	

Equipment, therapeutic aids and appliances

Item no.	Description	Max fee (ex GST)
CURAP	<p>Equipment, therapeutic aids and appliances.</p> <p>This includes the hire or purchase of equipment, therapeutic aids or appliances that assist the worker's recovery, promotes their independence and/or compensates for impairment.</p>	Reasonable cost for the item
	<p>Note 1: When billing for these items, accounts should specifically detail the type of equipment, therapeutic aid or appliance.</p>	

Travel time

Item no.	Description	Max fee (ex GST)
CH905	Travel by a treating chiropractor for the purpose of a: (a) case conference (b) home, hospital or worksite visit (c) consultation where the client is otherwise unable to attend the chiropractor's clinic or rooms.	\$134.60 per hour

Note 1: There is no charge for travel from one clinic or rooms to another clinic or rooms.

Note 2: Chiropractors who conduct regular sessional visits with particular hospitals, specialist practitioners or rehabilitation facilities may not charge for travel in these instances.

Note 3: Travel time is not included in any of the charges in the schedule and should be itemised separately on accounts for associated services.

Note 4: All accounts must include the total time spent travelling plus the distance travelled.

Note 5: Where a chiropractor provides services to multiple workers in a hospital or workplace, it is expected the travel charge will be divided accordingly.

Note 6: Any part of an hour should be billed proportionately and rounded to the nearest 5 minutes.

Radiological services (including interpretation by chiropractor)

Item no.	Description	Max fee (ex GST)
CHT11	Cervical spine. 2 views	\$123.00
CHT13	Thoracic spine. 2 views	\$104.50
CHT15	Lumbo-sacral spine. 3-6 views	\$144.20
CHT16	Sacro-coccygeal area. 2 views	\$87.10
CHT27	Hip joint.	\$93.90
CHT28	Pelvic girdle.	\$118.60
CHT30	Radiology services otherwise not listed in this schedule must be billed at a reasonable cost as specified in section 32(1)(b) of the <i>Workers Rehabilitation and Compensation Act 1986</i> (the Act).	Reasonable cost for the item

Non-scheduled services

Item no.	Description	Max fee (ex GST)
CH999	Non-scheduled services. A service of a kind (other than a radiological service) not listed above, provided by a chiropractor and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.	\$158.50 per hour

Note 1: Any part of an hour should be billed proportionately and rounded to the nearest 5 minutes.

Guidelines

General standards

Payment for services contained in this schedule will not be made in advance. All costs incurred by an injured worker under this fee schedule are subject to approval for payment. To ensure payment, it is recommended to seek claims agent authorisation prior to the provision of the service.

- When managing a worker with a compensable disability, the chiropractor should:
 - liaise with relevant parties involved in the management of the claim to ensure coordination of medical treatment/management of the worker to promote an early and safe return to activity at home and work
 - deliver services that are effective and focused on achieving maximum function and safely returning the worker to work at the lowest possible cost to the community
 - give consideration to the extent of the physical, psychological, cognitive injury(s) prognosis and the temporary or permanent loss of physical, psychological, cognitive functioning resulting from the work-related injury
 - identify any barriers to recovery and return to pre-injury activity and participate in and implement strategies to overcome these barriers
 - identify any non work-related injuries/conditions that may be impacting on the worker's ability to return to work or in the restoration of their functional abilities
 - be accountable for the services provided, ensuring that such services are reasonably incurred by the worker in the circumstances of the case
 - use standardised outcome measurement tools to demonstrate the effectiveness of the intervention
 - maintain their currency of skills and knowledge in relation to specific chiropractic interventions.
- Long-term maintenance therapy is generally not supported unless sustained improvement in functional ability and participation in activity (home or work) can be demonstrated.
- Invoices for services must be itemised to show which service or combination of services have been delivered by the treating chiropractor.
- It is the responsibility of the treating chiropractor to advise and liaise with the relevant treating medical practitioner, claims agent or self-insured employer on the commencement of an ongoing chiropractic treatment/management program for each new claim.
- The chiropractor should keep detailed and contemporaneous records of the assessment, treatment, management and relevant information obtained in the delivery of services.
- An '*Authority to exchange information*' form must be signed by the worker prior to the exchange of information with third parties, other than the referrer.
- Capacity to work must be reviewed on a regular basis and recommendations regarding return to work to suitable duties is disseminated to relevant parties in a timely manner.

Registration

Chiropractor means a person registered as a chiropractor under Australian law.

Independent clinical assessment and report: CH780

Purpose of an independent clinical assessment

An independent clinical assessment may be requested in order to:

- assess and make recommendations regarding the appropriateness and necessity of current or proposed chiropractic treatment/management
- propose a recommended course for future chiropractic management
- make recommendations for strategic planning to progress the case, relating to functional goals and the required steps to attain these goals, which will assist in the achievement of a safe and durable return to work and/or restoration to the community
- provide a differential diagnosis where this is unclear from the current chiropractic program or, where required, determine prognosis for return to work (in relation to the injury)
- provide an opinion and/or recommendation on other criteria as determined by the requestor.

Appointment timeframes

Independent clinical assessment appointments should be made as soon as possible after the receipt of the written request for the service. As a guide, no more than 10 business days wait is preferable.

Service components

The independent clinical assessment must involve all of the following elements, the components of which are at the discretion of the independent chiropractor:

(i) History

The independent chiropractor should request and review all relevant information relating to the injury. This includes review of all available reports, including medical reports and test results performed by the treating chiropractor.

An interview will include a detailed history, identifying factors relevant to the management of the injury.

(ii) Examination and assessment

- Where appropriate, perform an assessment using tools and techniques relevant to the nature of the injury.
- The independent chiropractor should ensure the worker understands the procedures involved in the assessment and that the role of the independent chiropractor in this assessment does not include treating the worker's injury/clinical condition. The independent chiropractor must raise, discuss and document these issues at the beginning of the consultation and explain they are conducting the assessment at the request of the claims agent, self-insured employer or treating chiropractor.
- The independent chiropractor must not provide treatment services to the worker in relation to this service, but should restrict their involvement to assessment or examination services only. Following the provision of the independent clinical assessment, it would be considered inappropriate for the independent chiropractor to initiate a course of treatment.
- Any further tests required, which are outside the scope of assessment and examination services, must be authorised by the claims agent or self-insured employer prior to the provision of the service.
- The independent chiropractor should be aware of the rights of the worker to refuse to participate in an independent clinical assessment. Should the worker fail to participate, the independent chiropractor must advise the claims agent or self-insured employer of the worker's decision.

(iii) Report

Following the provision of an independent clinical assessment, a report must be prepared detailing all relevant findings and recommendations. An independent clinical assessment report must:

- make comment regarding the appropriateness and necessity of current chiropractic treatment/management (this criteria is not necessarily applicable to Motor Accident Commission claims)
- provide a substantive diagnosis (or indicate if there is insufficient clinical information to make a diagnosis) and assess whether current chiropractic treatment/management is appropriate given this diagnosis (this criteria is not necessarily applicable to Motor Accident Commission claims)

- be provided within 10 business days of the assessment (this criteria is not necessarily applicable to Motor Accident Commission claims).

Where possible, reports should contain simple terms and explain any technical terms.

For WorkCover claims, the following applies:

- According to section 109 of the *Workers Rehabilitation and Compensation Act 1986* (the Act), the initial clinical assessment report should be forwarded to the claims agent or self-insured employer who is obliged to provide a copy to the worker.
- The independent chiropractor must be aware of section 107A(1) of the Act, which enables employers to receive copies of reports in WorkCover's possession prepared by medical experts and relevant to the worker's medical condition, the worker's progress in rehabilitation, or the extent of the worker's incapacity for work.
- The claims agent or self-insured employer should provide a copy of the independent clinical assessment report to the treating general practitioner and treating chiropractor. In some cases, it may be appropriate for the claims agent or self-insured employer to provide a copy of the report to the worker's workplace rehabilitation provider. The claims agent or self-insured employer must ensure that the appropriate authority to release information is in place for this purpose.

Indicators for cessation

In general, an independent clinical assessment is a once-off service.

Telephone calls

If telephone discussion is required with the treating medical expert, treating general practitioner or claims agent, to explain the recommendations in the independent clinical assessment report, the time spent on the telephone may be billed using CH780. The call duration and details of the other party to whom the call was made or received from must be included on the account. Calls must be more than three minutes in duration to be billed.

Critical skills and competencies

The assessment and report should be provided by a suitably qualified chiropractor. The independent chiropractor must have a minimum of:

- five years of relevant clinical experience related to the injury type
- two years experience in the management of workers compensation claims.

Conflict of interest

The independent chiropractor shall make a full disclosure to the claims agent or self-insured employer regarding any conflicts of interest arising from any direct or indirect relationship with the worker, employer, treating chiropractor or other medical expert involved in the management of the claim. Disclosure is required when conflicting interests may lead to the provision of the independent clinical assessment being considered inappropriate, biased or unethical. This information must be disclosed prior to the provision of the service.

Confidentiality

The independent chiropractor must not disclose any information acquired through the provision of the independent clinical assessment unless it is to the requestor, or otherwise requested by law (eg, where the release of information is permitted pursuant to section 112 of the Act).

Accounts

The gazetted hourly rate for CH780 applies to both the assessment and report. Standard and comprehensive report items CH820 and CH810 should not be used for the preparation of an independent clinical assessment report.

The account must specify the time taken for each component of the service (eg, examination, report preparation), however the item number CH780 must appear only once on the invoice for the service (unless the service components have occurred on different days).

Refer to account and invoicing standards for further information.

Equipment, therapeutic aids and appliances: CURAP

The chiropractor should consider the duration the worker will require the equipment, therapeutic aid or appliance and take that into consideration when selecting the most cost effective option between hire and purchase.

Costs incurred for any equipment, therapeutic aid or appliance to assist in reducing the extent of a compensable disability must be reasonable, as specified in section 32(1)(b) of the Act, which states *"if the relevant service is not covered by a scale under this section – to the extent of a reasonable amount for the provision of the service"*.

As this item is not gazetted in the chiropractic fee schedule, the above section applies.

Non-scheduled services: CH999

This item number is used when the provision of services not listed elsewhere in the fee schedule is necessary, appropriate and reasonably required.

For example, treating chiropractor reports requested for Motor Accident Commission claims do not fit within the scope of comprehensive and standard reports as listed in this fee schedule. These reports should be billed using the non-scheduled service item using the specified hourly rate.

Approval

It is recommended the chiropractor contacts the claims agent or self-insured employer prior to using this item number. Accounts for services which are considered inappropriate or unnecessary by the claims agent or self-insured employer will be challenged and may be rejected.

Charges

Charges for non-scheduled services must be reasonable and are charged at an hourly rate.

Invoicing non-scheduled services

Non-scheduled services must be invoiced using item number CH999 and include a detailed service description and the time taken (in minutes) for the service.

Accounts which do not meet these standards will be returned to the provider for amendment.

General information

Account and invoicing standards

All amounts listed in this booklet are exclusive of GST. If applicable, WorkCover will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide WorkCover with a tax invoice where the amounts are subject to GST.

For all invoices, whether a tax invoice or not, the following information should be provided:

- Provider details – name, provider number, clinic details
- Invoice number
- Australian Business Number (ABN)
- Worker's surname and given name/s
- Claim number, if known
- Employer name, if known
- Brief description of the injury to which the services relate
- Each service for which payment is sought itemised separately with:
 - date of consultation/attendance/service and commencement time
 - service item number in accordance with this fee schedule
 - meaningful service description in accordance with this fee schedule
 - duration of service in hours/minutes rounded to the nearest 5 minutes where specified in this fee schedule
 - charge for the service in accordance with this fee schedule
 - total charge for invoiced items plus any GST that may be applicable.

Invoices are to be submitted within six weeks of service. Invoices for services displaying the information set out above will allow for prompt and efficient processing of invoices. Invoices that do not meet these standards may be returned to the provider for amendment.

The claims agent is unable to pay on 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original. Payment for services, including reports, will not be made in advance. Please note: WorkCover pays via electronic funds transfer (EFT) therefore, bank account details are also required.

GST

For all GST-related queries, please contact the Australian Tax Office on 13 24 78, or your tax advisor.

Changes to provider details or adding new providers

For changes to provider details (such as Australian Business Numbers, change of address or payee and electronic funds transfer details, complete an *Application and EFT* form available from www.workcover.com by searching '*Application and EFT form*' or phone 13 18 55. The *Application and EFT* form must then be faxed to WorkCover on (08) 8233 2479.

Where payment is outstanding

Please contact Employers Mutual or the self-insured employer if the claim has been accepted and the payment is outstanding. If the claim has not been accepted, responsibility for payment of accounts rests with the worker.

Useful contacts

WorkCoverSA

For further enquiries relating to fee schedules contact WorkCoverSA.

100 Waymouth Street, Adelaide SA 5000
GPO Box 2668, Adelaide SA 5001

Phone: 13 18 55

Visit: www.workcover.com>health provider>the workcover system>fee schedules.

Employers Mutual

All WorkCover claims (that are not self-insured) are managed by Employers Mutual.

26 Flinders Street, Adelaide SA 5000
GPO Box 2575, Adelaide SA 5001
DX270 Adelaide

Phone: (08) 8127 1100

Fax: (08) 8127 1200

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

Allianz Australia SA CTP

All claims relating to motor vehicle crashes are managed by Allianz Australia SA CTP on behalf of the insurer, the Motor Accident Commission.

89 Pirie Street, Adelaide SA 5000
GPO Box 219, Adelaide SA 5001

Phone: 1300 137 331

Fax: 1300 137 431

Email: SACTPClaims@allianz.com.au

Enquiries: 13 18 55

100 Waymouth St, Adelaide

South Australia 5000

Fax: (08) 8233 2990

info@workcover.com

www.workcover.com

Free information support services are available for: TTY (deaf or have hearing/speech impairments) call (08) 8233 2574. Languages other than English call the Interpreting and Translating Centre (08) 8226 1990 and ask for an interpreter to call WorkCoverSA on 13 18 55. Braille, audio, or e-text call 13 18 55.

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