freshwater
FAMILY MEDICAL CENTRE
2/9 Lawrence Street, Freshwater NSW 2096
Ph: 02 9905 3408 / www.FreshwaterFMC.com.au

NEW WORKCOVER / CTP CLAIM

Please print letters.
Use black or blue pen.

EMPLOYEE

Given name

Date of Birth / /

Home address

State

Postcode

Telephone number

Work number

Mobile number

Email

Details of injury

Date of injury / /

Medicare card number

Medicare reference number

Medicare expiry date / /

INSURER

CLAIM Number

Insurance Company

ABN

Address/ Postal Address

State

Postcode

Phone

Fax

Email

Case Manager

Phone

Email

EMPLOYER *(non-applicable for CTP claims)*

Employer name

Employer address

State

Postcode

Contact name

Phone

Email

Patient Signature

Date

/ /