|  |  |
| --- | --- |
| NameAddressDD Month YYYY | Insert image of company logo Go to Insert/Picture. Select your logo and click ‘Insert’.(Only use .jpg, .gif, .png or .tif files.) |

Dear Dr

Injured person’s details

|  |
| --- |
| Injured person’s details |

|  |  |  |
| --- | --- | --- |
| Injured person’s name |  |  |
|  |
| Date of birth (DD/MM/YYYY) |  | Telephone number |
|  |  |  |

|  |
| --- |
| Claim information  |

|  |  |  |
| --- | --- | --- |
| Insurer |  |  |
|  |
| Claim number |  | Date of accident (DD/MM/YYYY) |
|  |  |  |

[Name] agreed to the following goals for recovery on [date].

|  |  |  |
| --- | --- | --- |
| Plan number | Plan start date | Plan end date |
|  |  |  |

Agreed goals:

-

They have also agreed to complete the self-management strategies included in the rehabilitation plan.

We look forward to your participation in the rehabilitation plan.

Sincerely

**Case manager/rehabilitation provider details**Name:
Business name:
Phone number:
Email:
Best time of day to contact:

CC (all service providers included in the rehabilitation plan)

State Insurance Regulatory Authority, Sydney NSW 2000
General phone enquiries 1300 137 131 or Claims Advisory Service 1300 656 919
[www.sira.nsw.gov.au](http://www.sira.nsw.gov.au)
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