

Equipment request



State Insurance
Regulatory Authority

For use with CTP personal injury claims

Date of request (DD/MM/YYYY)

Insert image of company logo

Go to Insert/Picture. Select your logo and click 'Insert'.

(Only use .jpg, .gif, .png or .tif files.)

Section 1: 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)

Section 2: Equipment recommendation and justification

Complete the following for the first piece of equipment recommended or group multiple pieces of equipment together if the recommendations and justifications are the same for each. If additional pieces of equipment are recommended, add a new section for each piece or group of equipment.

a. How will the injured person benefit from the equipment? (Refer to the injured person's goals.)

b. Equipment details

| Model and/or specifications | Supplier (include quote number) | Quantity | Cost (including GST and delivery) | |
|-----------------------------|------------------------------------|----------|-----------------------------------|------|
| | | | Purchase | Hire |

| | | | | |
|--------------------|--|--|--|--|
| | | | | |
| Total cost of plan | | | | |

c. Additional details of the equipment, including photos (if required).

If needed, click here to add an image(s). Go to Insert/Picture. Select your image and click 'Insert'. Only use .jpg, .gif, .png or .tif files.

d. Method of supply for the equipment. (For example, injured person to purchase and seek reimbursement.)

e. How is the need for the equipment related to the MVA injury(ies)?

f. What risk could occur, if any, to the injured person if the equipment is not provided?

g. What alternatives to the equipment have been considered? Why is the recommended equipment the most appropriate option?

h. Is the equipment the most cost effective option?

☐

Yes

☐

No

If no, explain why the equipment is recommended despite the cost.

i. Detail your suitability as a health professional to be recommending the equipment, including your relevant qualifications and/or experience.

j. Detail the suitability of the supplier to supply the equipment, including their qualifications and/or experience.

If you wish to recommend another piece/group of equipment for the injured person, please copy questions A-J (above) and paste them here.

Section 3: Service provider details

Service provider name

Practice name

Suburb

State

Postcode

Telephone number

Best time/day to contact

Email

Insert image of signature

Go to Insert/Picture. Select your signature image and click 'Insert'.
(Only use .jpg, .gif, .png or .tif files.)

Date (DD/MM/YYYY)

Section 4: Insurer decision

Approved

Declined

Partially approved

If declined or partially approved, provide reasons.

Decision maker's name

Telephone number

Insert image of signature

Go to Insert/Picture. Select your signature image and click 'Insert'.
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Date (DD/MM/YYYY)