Settlements program
Request form for payment / reimbursement of interpreting service for legal or financial advice

**Please send this form together with your receipt or invoice directly to your WorkCover Agent.**

Name & address of interpreter:.……………..……………..………………………………………………...

…………………………………………………………………………….....................................................

……………….………………………………………………………………….............................................

Please either:

🞏         provide the WorkCover provider number: ….….………………..……………………………………..

OR

🞏         **attach** evidence of NAATI accreditation (including evidence of professional indemnity insurance)

Attached is my invoice for providing interpreting services as part of the Settlements program for:

Worker’s full name: ……………...…………………………………….…………………………………….

Name & address of legal/financial provider:.……………..………………………………………………...

…………………………………………………………………………….....................................................

……………….………………………………………………………………….............................................

Date of service         ………/………/………………..               Amount billed $ …………………………….

**Office use only**Payment type: 45
Item number: 100