Settlements program
Request form for payment / reimbursement of financial costs

* Invoices must be billed to the worker
* WorkCover will not pay or reimburse more than $495 (inclusive of GST)
* Please send this form together with your receipt or invoice directly to your WorkCover Agent

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

WorkCover claim number: .………………………….………………..……………………………………..

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

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

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

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

Please tick the appropriate box and sign the following authorisation/acknowledgement:

|  |  |
| --- | --- |
|   | Attached for **reimbursement** is my **receipt** for the cost of obtaining financial advice as part of the Settlements process.  |
| OR  |   |
|   | Attached for **payment** is **Invoice No**. …......... from ………………………………………….. (name of financial provider) for the provision of financial advice as part of the Settlements process. I acknowledge that I have chosen the financial provider of my own accord and that I am liable to pay the amount specified in the invoice (the amount).  |

I request the Victorian WorkCover Authority to pay ……………………………………… (name of financial provider) the amount (up to a maximum of $400 inclusive of GST) in payment of the invoice and hereby authorise the Authority to make such payment on my behalf.

I acknowledge that the payment of the amount (up to a maximum of $400 inclusive of GST) to the provider by the Authority on my behalf satisfies in full my right to seek payment or reimbursement of the amount under section 119B of the *Accident Compensation Act 1985* and the Ministerial Directions issued under section 119L of the Act.

……………………………………………………….…
Signature of worker

………………………………………………..………..
Print name of worker

**Office use only**Payment type: 270