

This form is only to be used for claims where WorkCover Queensland is the insurer.

### Apply for surgery approval

-  **Online** at [www.workcoverqld.com.au](http://www.workcoverqld.com.au)
-  **By email** to your customer advisor at [givenname.familyname@workcoverqld.com.au](mailto:givenname.familyname@workcoverqld.com.au)
-  **By fax** to 1300 651 387

For more information, visit our website at [www.workcoverqld.com.au](http://www.workcoverqld.com.au) or call us on 1300 362 128.

### Worker details

1 Surname or family name of worker

2 Given names of worker

3 Claim number

4 Date of birth / /

### Request for surgery

5 Surgery to be performed

6 Proposed admission date / /

7 Number of nights

8 Anticipated surgical item number/s

9 Time to post operative consultation  
 weeks

### Medical practitioner details

|           |     |
|-----------|-----|
| Signature |     |
| Full name |     |
| Practice  |     |
| Telephone | Fax |
| Email     |     |

### Please note

Surgical fees must be based on the Q-COMP Medical Items—Schedule of Fees.  
 No fee is payable for submitting this request.  
 From 1 January 2010 a copy of theatre notes must be provided with your invoice.  
 For more information about how we approve surgery requests, visit our website at [www.workcoverqld.com.au](http://www.workcoverqld.com.au).

### WorkCover Queensland use only

- Approved
- Not approved

|           |                                  |
|-----------|----------------------------------|
| Full name |                                  |
| Date / /  | <input type="checkbox"/> I agree |