

Motor Vehicle Personal Injury

Client Statement and Authority to Release Information

What to do after a motor vehicle accident (MVA) if injured in Western Australia?

It can be overwhelming and scary to be in a motor vehicle accident. To help to decrease some of the confusion on the paperwork side, below are some steps you can take if injured in a car accident.

1. Report the motor vehicle accident to Insurance Commission of Western Australia (ICWA) on (08) 9264 3333.
2. Visit your practitioner and inform them that you have been injured in a motor vehicle accident.
3. **For new patients:** inform us that you were injured in a car accident upon your initial visit. Important information to provide the clinic before the first visit includes: Claim number, Date of accident, and contact information.
4. **For current patients:** let us know that you were injured in a car accident so that we may book extra time to discuss any new injuries and perform a physical examination of the injured area. Important information to provide to the clinic upon your visit includes: Claim number, date of accident and contact information.
5. In addition to the standard clinic forms, there is additional paperwork that needs to be processed when you are visiting a practitioner for therapy as a result of a car accident.
6. It is clinic policy that persons receiving treatment for motor vehicle injuries **pay on the day** of treatment. You may then recoup the costs from ICWA Third Party Division by sending receipts we provide you. We suggest you send them to ICWA periodically

Important Information

Chiropractic, Physiotherapy & Occupational Therapy care is available in WA for some injuries sustained on WA roads. A medical referral *is not* necessary to commence chiropractic care but *is* necessary for physiotherapy & occupational therapy. Please see your G.P for the referral. The Motor Vehicle (Third Party Insurance) Act 1943 requires that a claim be lodged as soon as possible after the crash. Failure to do so may prejudice your right to pursue a claim with the Insurance Commission of Western Australia.

Once the crash is reported, you can advise the Insurance Commission of your intention to pursue a personal injury claim by telephone, correspondence or through your legal adviser.

The Insurance Commission of Western Australia will ask you to fill in a *Notice of Intention to Make Claim Form* and a *Medical Authority*. Completion of the Medical Authority allows ICWA to request medical reports from your treating medical practitioners to verify your injuries sustained in the motor vehicle crash and what medical treatment has been prescribed.

Once a claim is lodged, ICWA will write to you (or your lawyer) acknowledging receipt of the claim. ICWA's correspondence will include a claim reference number which you should quote whenever you contact the clinic regarding your Motor Vehicle Injury treatment and accounts.

The Insurance Commission pays Australian Medical Association recommended rates for medical treatment costs. We suggest you discuss the cost of treatment with reception at Stirling Health Professionals as there may be a gap between the charge and the reimbursement, which may not be met by ICWA.

At times a claim may be denied or only partly covered by the Insurance Commission of Western Australia (ICWA) towards the cost of care.

PATIENT LIABILITY AGREEMENT

This is to state that I (print name) _____

agree to pay for expenses incurred for treatment provided by practitioners at Stirling Health Professionals relating to this injury on _____ (date) in the event that the claim is denied or only partly covered by ICWA.

Please note:

It is policy that persons receiving care for motor vehicle injury settle accounts with us directly. You can recoup these costs from the ICWA Third Party Division.

If this is not possible for financial reasons, please speak with the treating practitioner.

If the clinic agrees to bill ICWA directly on my behalf, I understand I will be liable for the difference (gap amount) in payments between ICWA payments and the fee for service at each visit.

I understand that I am responsible for **missed appointments** and will pay fees relating to missed appointments personally.

By signing this form I authorise information to be released to ICWA in relation to this injury.

I have read and understood the above statement.

Patients signature _____ Date ____/____/____

Witness Name _____

Witness Signature _____

Motor Vehicle Injury Report Form

We appreciate your patience in completing this confidential questionnaire. Even if you are already a patient of Stirling Health Professionals please complete all parts of this questionnaire about personal details. Ask for more paper if you need more space for any questions.

A. Personal Details

Full name Date of birth

Phone No (h) Phone No (w)

Height Weight Occupation

Marital Status Children

Referred/recommended by

Employers name

Address

Phone No

Claim No **(These details must be completed in order for your claim to be processed)**

You previous chiropractor/s:

Last seen?

B. Please describe your current symptoms:

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Are you currently under the care of any other health practitioners? Yes No

If so, whom

And for what?

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C. Please describe the collision

Date of collision

Details of accident

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Draw a diagram of relevant roads and vehicles involved.

(please circle appropriate)

In which seat were you sitting? Driver L Front R Rear L Rear

Were you wearing a seat belt? Yes No Lap Sash Other

Was a moveable headrest fitted? Yes No Fixed Headrest? Yes No

Were you prepared for the impact? Yes No

In what position was your head on impact? Straight Turned

Did your body hit any part of the car? If yes, please describe

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How much damage was done to your car? \$ Approximate

Was your car driveable? Yes No

Did police attend at the scene? Yes No When?

If not, have you reported this accident to the police? Yes No Where?

Have any charges been laid in respect to the collision? Yes No Yourself Other

Have you reported the accident and your injury to the Insurance Commission of Western Australia?

Yes No Date

Has liability been accepted by ICWA Yes No ICWA claim No

Were you taken to hospital? Yes No Duration Hrs/days/weeks

If so, please give details of treatment

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Have you consulted anyone else concerning your injuries? Yes No

If yes, please give details including name, address, date, examinations done and treatment given, (including

Medications you are taking)

Have you been declared unfit for work? Yes No

If yes, by who?

When? For how long?

Did you feel any symptoms immediately after the collision? Yes No

If yes, what symptoms?

If not immediately, when did you start experiencing trouble and what was it?

Has this condition interfered with your job/daily routine? Yes No

If yes, please describe in detail

If the injury occurred some time ago, give detailed account of your symptoms and progress to date:

Have you ever suffered from any of these symptoms prior to the accident? Yes No

Please describe in detail

Have you made a written statement to anyone else about this collision? Yes No

If yes, whom?

Have you ever made a claim regarding the injured regions (incl workers compensation)? Yes No

If yes, please outline briefly

Have you ever received compensation or a payout regarding a previous injury to the same regions that are now injured?

Yes No If yes, please outline briefly

The above information is correct to the best of my knowledge and I acknowledge that providing incorrect information may affect the outcome of a claim.

Client/Guardian Signature **Date** / /

Witness