GC Integrative Physiotherapy & Wellness

PHYSIOTHERAPY · NORTH GOLD COAST

INSURANCE CLAIM REFERRAL

Insurance Claim Referral Form

For legal representatives referring a client with a CTP, WorkCover or other insurance claim. Please complete the fields below and return the form by email.

Client details

Client full name

Date of birth (DD / MM / YYYY)

Contact phone

Address

Claim details

Claim number

Claim type

○ CTP ○ WorkCover ○ Other

Date of accident (DD / MM / YYYY)

Insurer

Medical Certificate

Please attach the relevant medical certificate.
For CTP referrals, please include the CTP Medical Certificate.

What happens next

Return the completed form to info@gcintegrative.com.au. Once we receive this referral, our team will contact the client to coordinate the next steps.