



TAC & WorkCover Payment Policy

Seaview Health Group is committed to providing the highest quality care and achieving the best possible treatment outcomes for TAC and WorkCover patients. Our patients are treated against an advanced framework that promotes faster healing and better long-term results for many work and traffic injuries. The following conditions apply to the provision and payment of services.

- 1) All patients receiving treatment under TAC or WorkCover must provide evidence of claim approval, including a copy of their claim number, at the initial consultation. Good communication is essential to optimising recovery so please also provide the name of your case manager if you have one.
- 2) Seaview Health Group will not bill directly to the TAC or a WorkCover insurer as full payment is required at the time of each consultation. Proof of treatment and a copy of the invoice will be provided to the patient for use as evidence in a TAC/WorkCover reimbursement claim.
 - 2.1) Please note that the TAC and some WorkCover insurers may not cover the entire consultation fee. The gap will therefore remain at the cost of the patient.
- 3) No follow up appointments will be scheduled if charges are outstanding on the patient's account, as is the policy for all patients at the clinic. Once full payment is received, a follow up appointment may be scheduled if required.
- 4) The patient must provide consent for their treating practitioner to provide details of their assessment, treatment and progress to the TAC or their WorkCover insurer as required.
- 5) No TAC or WorkCover reports will be completed if charges are outstanding on the patient's account. Once full payment is received, required reports will be completed and sent to the appropriate parties.

For further information regarding the Seaview Health Group TAC & WorkCover Payment Policy, please email info@seaviewhealthgroup.com.au or phone (03) 9589 7815.

I understand and agree to the terms and conditions of treatment at Seaview Health Group as a TAC or WorkCover patient.

Signature: _____ Date: _____