



Jurisdictional comparison: Claim lodgement

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Early intervention is only possible when injuries are promptly reported. How do different Australian jurisdictions manage claim lodgement?

In this article, I outline how Australian jurisdictions vary in terms of:

- How claims for workers compensation are lodged;
- Who may lodge a claim;
- The timeframe for claim lodgement; and
- The information and documentation required for initial lodgement.

In recent times, many jurisdictions have increased the ease and flexibility of claim lodgement, with South Australia now processing most claims by phone and Queensland greatly reducing the amount of information required for initial lodgement.

There are also moves to make the most of the information provided by injured workers and their employers via the claims form. In NSW, a triage assessment has been incorporated into the claims process, with the aim of providing prompt support to claimants who may be at risk of becoming mired in the system.

Elsewhere, processes remain bureaucratic, offline, inflexible and arduous: meaning that claim lodgement may well remain a task marred by frustration and delay.

How does your jurisdiction measure up?

The information below is current as of February, 2018, based on our online research as well as phone conversations with claims agents in some jurisdictions.

Comcare

Who

Workers must submit the first part of a claim form to Comcare, including a special medical certificate completed by a doctor. Comcare then forwards the claim to the employer, who must complete the second part of the form.

For more complex claims, employers are also advised to prepare an employer statement that



includes information from other relevant people such as witnesses and supervisors.

How

The worker may submit the claim [online](#), [download](#) and print it or ask their employer for a hardcopy. Hardcopies can be scanned and submitted, or sent via post.

When

Workers may submit a claim at any time after suffering a work-related injury or illness.

Contracts between individual workplaces and Comcare stipulate different timeframes in terms of the employers obligation to pass the claim on. According to information given over the phone by Comcare, most most employers are obliged to submit their part of the claim form within 5 business days of receiving the first part from a worker.

Once the claim has been registered with Comcare and a claim number issued, the agency must decide the outcome within 28 days for a physical claim and 60 days for a psychological claim.

What

Injured workers must provide:

- An email address so that Comcare can send them a link to the claim form;
- Medicare number;
- BSB and bank account number to enable EFT payments if the claim is accepted;
- Medical certificate for compensation (<http://comcare.gov.au/medicalcertificate>) detailing the diagnosis, symptoms and causation, completed by a doctor or medical specialist.
- Alternatively, if the worker is only claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment and not for time off work a standard certificate from a treating practitioner will suffice.

If the worker is claiming for a psychological injury, they must also submit a statement outlining the events that contributed to the injury.

Employers must provide Comcare with information about the insurance agent, the employee number and payroll details.

WorkSafe Victoria

Who

The worker must complete a claim form and get a certificate of incapacity from a doctor, then



submit both forms to the employer. The employer then lodges the claim, together with an employer injury claim report, with the Worksafe agent.

How

Workers supply hardcopy forms, which the employer can scan and submit online, or post to their WorkSafe agent.

When

Once the worker has submitted a claim for compensation, the employer has ten days in which to lodge the claim with the WorkSafe agent.

From that time, the WorkSafe agent has 28 days in which to assess the claim.

What

The claim form to be completed by the worker asks for:

- Worker's personal details;
- Details of the incident and injury;
- Worker's employment details;
- Worker's primary earning details; and
- Treatment and RTW details.

When using the online lodgement [system](#) employers must provide:

- A scanned copy of a signed Worker's Injury Claim form;
- A scanned copy of any claim-related documentation; and
- Their employer number.

iCare

Who

Employers, injured workers and third party representatives are all able to submit claims and report injuries.

How

Claims can be lodged via phone, email, post or an online [form](#) accessible via the icare and EML websites.



Once the injury has been reported online, the notifier will receive an injury notification number and the injured person will have access to provisional support until the claim is accepted or rejected.

The online form asks for contact details of those involved in the injury. Where contact details are provided, the relevant parties are kept up to date by email and a phone call to the injured worker and employer as appropriate.

The information provided in the claim is used in a triage process that determines what level of care is required for the injured worker.

When

Employers are obliged to notify either EML, icare's claims service provider, or their insurer, of any injury or illness within 48 hours. If this deadline is not met, the employer may be required to pay a 'claims excess payment' which is equivalent to one week of the worker's weekly payments.

EML must call the injured worker and employer within three working days of receiving the claim.

What

Claims can be lodged using minimal information, to be updated with supporting documentation as it becomes available.

The minimum information required is as follows:

- The worker's name, address, contact telephone number;
- Name and address of the company;
- Name of the treating doctor and contact telephone number or name of the hospital (if applicable);
- Date and time of the injury and description of the injury and details of how it happened;
- Name and contact details of the person making the notification and their relationship to the worker;
- Date when the worker stopped work; and
- If the worker had time off work, and if medical treatment was required.

As relevant (and as it becomes available) the following may also be provided:

- More personal information about the worker, for example their date of birth;
- Details of the RTW plan;
- More information about the employer, for example the business ABN or workers



insurance policy number;

- A certificate of capacity from a doctor
- Wage information such as pay slips; and
- Medical information such as medical reports, referral letters, x-rays and scans, medical reimbursement receipts.

Worksafe Tasmania

Who

Workers must submit a workers' compensation claim form, and a copy of their medical certificate, to the employer. The employer then forwards these form to the insurer.

How

Claims may be submitted in person or by post.

When

Hold on; this gets complicated!

Within:

- 14 days of the injury being reported, the employer must advise the worker of their right to make a workers compensation claim and provide them with a Notice of Right to Make a Workers Compensation Claim form;
- Six months from the date of the injury, the worker must submit a workers' compensation form;
- Three days after the compensation claim is submitted to the employer, the employer must advise their insurer, and must forward it on to the insurer within five days;
- 28 days of receipt the insurer must advise that they've received the claim; and
- 84 days of receipt the insurer must advise the relevant parties whether the claim has been accepted or rejected

What

The worker must submit a medical certificate and a claim form completed with:

- Worker details;
- The incident and injury;
- Worker's medical authority;
- Employer details;
- Treatment and RTW details;



- Worker's employment details;
- Employer certification; and
- Insurer's details.

Workcover WA

Who

Workers must fill out a workers' compensation claim [form](#) and get a First Certificate of Capacity from a doctor. These are given to the employer, who then lodges them with the insurer.

How

The worker can download the form – either a version to print, or a fillable version.

This must be submitted to the employer either via email, or in hardcopy.

When

Employers have five days to lodge the claim after they receive it from the worker. Insurers must provide notification of the outcome within 14 days of receiving the documentation.

If the employer is self-insured, they have 17 days to determine the outcome of the claim.

What

The compensation form asks the worker to provide information about:

- The worker's personal and employment details;
- The occurrence of the injury;
- Medical help and history; and
- Previous claims.

There are also short sections section for the employer and the insurer to complete.

Return to Work SA

Who

Workers compensation claims may be submitted by the worker, the employer or a worker representative.

How



Return to Work SA (RTWSA) prefers claims to be submitted by phone, either by calling RTWSA directly or by submitting a call back request online.

However, claims are also accepted via [email](#) or post. Claims [forms](#) can be downloaded via the RTWSA site.

If the employer is self-insured, workers must speak to them directly about making a claim.

When

RTWSA will review claims regardless of how much time has lapsed since the injury / first occurrence of the illness.

Employers are expected (but not required) to lodge a claim within 5 business days, from first report. RTWSA offers a financial incentive (covering costs for the first ten business days of the claim) to encourage early reporting.

RTWSA endeavour to determine claims within 10 business days of receipt. If unable, they will make interim payments until they are able to make a determination.

What

Minimal information is required to start the claims process, namely:

- Contact details of the notifier;
- The date of the injury and how it happened; and
- The name of the employers claims agent, if known.

Work capacity certificate from a doctor can be supplied later, if not available when the claim is first lodged.

Claims that won't need intensive case management support may be processed on the phone provided the person who has been injured and their employer agree on the details of the claim. Otherwise, a claims specialist will ask for further details, depending upon the circumstances of the claim.

The person making the claim will receive a confirmation message to their mobile phone or email for their records.

Workcover QLD

Who



Claims can be lodged with WorkCover by the doctor, worker or employer.

If the employer self-insures, claims for compensation are made directly to them.

How

Claims can be lodged by:

- Phone (1300 362 128) – this is the most streamlined process for the notifier.
- Using the online claim [form](#)
- Completing a hardcopy claim form and:
 - Uploading using the [online service](#);
 - Faxing to 1300 651 387; or
 - Posting to GPO Box 2459, Brisbane Qld 4001.

When

The worker must lodge a claim no more than six months after the injury / illness.

After the claim is lodged, WorkCover has 20 business days to make a decision on the claim, but decides most claims within five days.

What

If the claim is lodged via phone only basic information is required with further information sought later by the claims manager.

If the claim is lodged online or in hardcopy, the two-page form asks for information about the

- Worker;
- Employment;
- Injury;
- Medical treatment and capacity for work; and
- Wages

Worksafe NT

Who

Injured workers must lodge a claim form with their employer. The employer then completes their part of the claims form, and lodges it with the insurer.

How



The worker must download, print and complete the form by hand. Employers must post or deliver a copy to WorkSafe NT.

The only exception to this paper-based system is Northern Territory government workers, who can submit online claims via [GIO](#).

When

Workers must submit claims within 6 months of the injury / illness.

After receiving the claim from the worker, the employer has 3 working days to submit the claim to their insurer.

The insurer has 10 working days after the employer received the claim from you, to make a decision and notify the relevant parties.

What

The compensation claim form asks:

- Workers to report on:
 - Their job;
 - The claim;
 - The incident;
 - The injury or disease;
 - Injury reporting;
 - Medical treatment; and
 - Previous employment; and
- Employers to report on:
 - The business;
 - Workers compensation policy;
 - The injured worker; and
 - Relevant industry.

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