WorkCover Client Agreement - NSR Massage Therapy – Gawler

Client Name: Krishna chaitanya · Maddiri

Date of Birth: 11-10-1982

Phone Number: 0422 032299

WorkCover Claim Number: 100 002 747 8

Insurer: Australia Post Injury Management

Case Manager Name & Contact (if known): Bobby Allan / Mark-Smith

GP / Referring Doctor: DR. Sudheer Tatavi - WC Dr.

Date of Referral: N/A.

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1. Scope of Treatment

I acknowledge that my remedial massage therapy sessions are provided under my WorkCover claim and must be:

- Clinically justified and part of an approved treatment plan
- Related specifically to my workplace injury as accepted by my insurer
- Reviewed and updated regularly with my referring GP or allied health team

2. Approval & Funding

- I understand that **pre-approval** from my WorkCover insurer is required before commencing treatment.
- If treatment is not pre-approved, I acknowledge that I may be **personally responsible for payment** of services on the day of treatment.
- If treatment is **only partially funded** by WorkCover, **I agree to cover the remaining balance (gap fee) on the day of treatment**. I acknowledge that it is my responsibility to check with my insurer regarding the extent of coverage.
- NSR Massage Therapy will bill the insurer directly on a case-by-case situation and **only after approval** has been confirmed.
- The standard fee for each **60 Minute Remedial Massage Treatment: $120.**
  This can include consultation, follow up conversation and remaining time for the massage treatment.

3. Attendance and Cancellations

- I agree to attend scheduled appointments punctually.
- I will provide **at least 24 hours' notice** for cancellations or rescheduling.
- Late cancellations or no-shows may incur a **$50 fee** that is **not covered by WorkCover** and will be billed to me directly.
- Repeated late cancellations or missed appointments may result in suspension of services or charges to me personally.

4. Communication

- I consent to NSR Massage Therapy communicating with my GP, case manager, insurer, or other health professionals involved in my care.
- I am required to provide my Work Capacity Certificate.

5. Treatment Extensions & Reporting

- If additional treatment is required beyond the initial approval, a 'Treating remedial massage standard report' must be submitted to request further sessions.
- NSR Massage Therapy will only complete and submit this report if it is formally requested in writing by:
    - The claims agent or case manager
    - The self-insured employer
    - The worker (you)
    - Your legal representative or authorised advocate
- Without such a written request, no further reporting or extension requests will be submitted.

6. Consent to Treatment

I consent to receiving massage therapy treatment from NSR Massage Therapy practitioners as per the referral and within the scope of my WorkCover claim. I understand I can withdraw consent at any time.

7. Confidentiality

NSR Massage Therapy will handle all personal and medical information in compliance with the **Privacy Act 1988** and relevant WorkCover regulations.

Client Declaration

I, the undersigned, understand and agree to the terms outlined above and accept responsibility for payment of treatment fees if my WorkCover claim is not approved for any reason.

Client Signature: M Kaitlin McCarthy **Date:** 18-07-2025

Practitioner/Witness Name: Kylie Loffler

Signature: Kylie Loffler **Date:** 18/7/2025