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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 3057 OF 2025

**CHIROPRACTOR
GAZETTE
2025**

**employment & labour**Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICACompensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: cfcallcentre@labour.gov.za www.labour.gov.za**NOTICE:****DATE:****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED****ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Nomakhosazana Meth, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2025.
2. Medical Tariffs will increase by 6% for the financial year 2025/26.
3. The fees appearing in the Schedule are applicable in respect of services rendered from 1 April 2025 and exclude 15% VAT

Ms. N Meth, MP**MINISTER OF EMPLOYMENT AND LABOUR**



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GENERAL INFORMATION

POPI ACT COMPLIANCE

In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorised access and damage to information by unauthorised parties.

1. MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

1.1. The Compensation Fund requires that any Medical Service Provider, providing medical treatment to patients in terms of the COIDA Act, must be registered with The Compensation Fund as follows:

1.1.1. Copies of the following documents must be submitted to the nearest Labour Centre

- a. A certified identity document of the practitioner
- b. Certified valid BHF certificate
- c. Recent bank statement with bank stamp or bank letter
- d. Proof of practice address not older than 3 months.
- e. Submit SARS VAT registration number/ certificate if VAT registered. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
- f. A power of attorney is required where the MSP has appointed a third party for administration of their COIDA claims.

1.1.2. A duly completed original Banking Details form (WAC 33) that can be downloaded in PDF from the Department of Employment and Labour Website (www.labour.gov.za).

1.1.3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address and Email address. The Fund must be notified in writing of any changes in order to effect necessary changes.



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2. REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDERS

2.1. To register as an online user of the claims processing system, COMPEASY, the following steps must be followed:

2.1.1. Register as an online user with the Department of Employment and Labour website (www.labour.gov.za)

2.1.2. Register on the CompEasy application having the following documents to upload:

- A certified copy of identity document (not older than a month from the date of application)
- Certified valid BHF certificate
- Proof of address not older than 3 months

2.2. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded:

- An appointment letter for proxy (the template is available online)
- The proxy's certified identity document (not older than a month from the date of application)
- There are instructions online to guide a user on successfully registering (www.compeasy.gov.za)

3. THIRD PARTIES TRANSACTING ON BEHALF OF MEDICAL SERVICE PROVIDERS

3.1. Third Parties that provide administration services on COID medical invoices on behalf of medical service providers must take note of the following:

3.1.1. A third party transacting with the Fund, must be in a position to obtaining a copies of the original claim documents and medical invoices from medical service providers.

3.1.2. The third party must keep such records in their original state as received from the medical service provider and must furnish the Compensation Commissioner with such documents on request for the purposes of auditing.

3.2. The Fund will not provide or disclose any information related to a medical service provider, represented by a third party, where such information was obtained or relates to a period prior to them contracting to a third party.



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4. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

4.1. Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- 4.1.1. An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider without interference, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
- 4.1.2. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to its employees, e.g. Hospital, nursing and other medical services — Section 78 of the COID Act refers.
- 4.1.3. In terms of Section 42 of the COID Act, the Compensation Fund may refer an injured employee to a specialist medical service provider designated by the Director General for a medical examination and report.
- 4.1.4. In terms of section 76,3(b) of the COID Act, no amount in respect of medical expenses shall be recoverable from the employee.
- 4.1.5. In the event of a change of a medical service provider attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- 4.1.6. To avoid disputes regarding the payment for services rendered, medical service providers should refrain from treating an employee already under treatment by another medical practitioner without consulting/informing the principal treating doctor.
- 4.1.7. Any changes of medical service providers must have sufficient reasons existing for such a change which must be communicated to the Compensation Fund.
- 4.1.8. According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been registered and liability for the claim is accepted by the Compensation Fund.
- 4.1.9. An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical service provider as being entitled to treatment in terms of the COID Act, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred under such circumstances.
- 4.1.10. The Compensation Fund may have reasons to repudiate a claim lodged with it, in such circumstances, the employee would be in the same position as any other member of the public regarding payment of their medical expenses.



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5. OVERVIEW OF THE COID CLAIMS PROCESS

- 5.1. All claims lodged in the prescribed manner with the Compensation Fund are subjected to the following process:
- 5.1.1. New claims are registered by the Employers with the Compensation Fund in the prescribed manner. Details of and progress of the claim can be viewed on the online processing system for registered users of the system.
 - 5.1.2. Proof of identity is required in the form of a copy of an Identity document/card, will be required in order for a claim to be registered with the Compensation Fund. In the case of foreign nationals, the proof of identity (passport) must be certified.
 - 5.1.3. All supporting documentation submitted to the Compensation Fund must reflect the identity and claim numbers of the employee.
 - 5.1.4. The allocation of a claim number to a claim after the registration thereof by the Compensation Fund, does not constitute acceptance of liability for a claim. It indicates that the injury on duty has been reported to the Compensation Fund and acknowledged.
 - 5.1.5. When liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers, that treat the employees, in accordance to approved tariffs, billing rules and procedures as published in the medical tariff gazettes of the Compensation Fund.
 - 5.1.6. If a claim is repudiated in terms of the COID Act, medical expenses, will not be payable by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment of medical costs incurred.
 - 5.1.7. In the event of insufficient claim information being made available to the Compensation Fund, the claim will be rejected until the outstanding information is submitted and liability can be determined.
 - 5.1.8. Manner of payment of medical benefits for Compensation Fund claims, where liability has been accepted (adjudicated) on or after 1 April 2025.
 - 5.1.9. All medical invoices for accepted claims must be submitted, in the prescribed manner within 24 months of the date of acceptance of liability. Medical invoices received after said time frame will be considered as late submission of invoices and may be rejected.
 - 5.1.10. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and medical reports for medical services rendered.
 - 5.1.11. Medical reports and medical invoices should ONLY be submitted/transmitted for claims that The Compensation Fund has accepted liability for and thus reasonable medical expenses are payable.



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6. BILLING REQUIREMENTS FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

6.1. Medical Reports:

In terms of Sec 74(1)(2)(3)(4) and (5) of COIDA Act, Submission of Medical Report; Medical Service provider are advised to take note of the following:

- 6.1.1. The first medical report (W. CL 4), completed after the first consultation must confirm the clinical description of the injury/disease. It must also detail any procedure performed and any referrals to other medical service providers where applicable.
- 6.1.2. All follow up consultations must be completed on a Progress Medical Report (W.CL5). Any operation/procedure performed must be detailed therein and any referrals to other medical service providers where applicable.
- 6.1.3. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period, then an additional operation report will be required.
- 6.1.4. Only one medical report is required when multiple procedures are done on the same service date.
- 6.1.5. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
- 6.1.6. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner when requested.

NB: Hospitals will be required from the 1st April 2025 to provide patient records when submitting medical invoices for services provided.



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7. MINIMUM INFORMATION REQUIREMENTS FOR MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND

The following must be indicated on a medical invoice in order to be processed by the Compensation Fund:

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number of Employer, as indicated on the Employers Report of Accident (W.CL 2)
4. DATES:
 - a. Date of accident
 - b. Date of service (From and to)
5. Medical Service Provider, BHF practice number
6. VAT registration number of Medical Service Provider: VAT will not be applied if a VAT registration number is not supplied on the invoice
7. Tariff Codes:
 - a. Tariff code applicable to injury/disease, are as published tariff gazettes.
 - b. Amount claimed per code, quantity and the total amount of the invoice.
8. VAT:
 - a. The tariff amounts published in the tariff guides exclude VAT.
 - b. All invoices for services rendered will be assessed without VAT.
 - c. VAT will be applied to VAT registered vendors (MSP's) without being rounded off.
 - d. With the exception of the following:
 - i. "PER DIEM" tariffs for Private Hospitals that already are VAT inclusive.
 - ii. Certain VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original script(s)
NB!! All pharmaceuticals will be processed in accordance with Nappi file codes.
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections.
12. Duplicate invoices should not be submitted.
13. Compensation Fund does not accept submission of running accounts /statements, but will reject upfront at switch level.

PLEASE NOTE: The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette



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8. REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

A switching provider must comply with the following requirements:

1. Register with the Compensation Fund as an employer where applicable in terms of the COIDA Act 1993
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund.
This requires that they ensure the following:
 - a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols.
 - b. Use Strong Encryption and Hashing.
 - c. Place Behind a Gateway.
 - d. Implement IP Blacklists and Whitelists.
 - e. Harden Your FTPS Server.
 - f. Utilize Good Account Management.
 - g. Use Strong Passwords.
 - h. Implement File and Folder Security.
 - i. Secure your administrator, and require staff to use multifactor authentication.
3. Submit and complete successful test file after registration before switching the invoices.
4. Verify medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 150 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Only pharmacies should claim from the NAPPI file.

PLEASE NOTE:

Failure to comply with the above requirements will result in deregistration / penalty imposed on the switching house.



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COMPEASY ELECTRONIC INVOICING FILE LAYOUT

*** Mandatory fields**

FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
BATCH HEADER				
1	Header identifier = 1	1	Numeric	*
2	Switch internal Medical aid reference number	5	Alpha	
3	Transaction type = M	1	Alpha	
4	Switch administrator number	3	Numeric	
5	Batch number	9	Numeric	*
6	Batch date (CCYYMMDD)	8	Date	*
7	Scheme name	40	Alpha	*
8	Switch internal	1	Numeric	
DETAIL LINES				
1	Transaction identifier = M	1	Alpha	*
2	Batch sequence number	10	Numeric	*
3	Switch transaction number	10	Numeric	*
4	Switch internal	3	Numeric	
5	CF Claim number	20	Alpha	*
6	Employee surname	20	Alpha	*
7	Employee initials	4	Alpha	*
8	Employee Names	20	Alpha	*
9	BHF Practice number	15	Alpha	*
10	Switch ID	3	Numeric	
11	Patient reference number (account number)	11	Alpha	*
12	Type of service	1	Alpha	
13	Service date (CCYYMMDD)	8	Date	*
14	Quantity / Time in minutes	7	Decimal	*
15	Service amount	15	Decimal	*
16	Discount amount	15	Decimal	*
17	Description	30	Alpha	*
18	Tariff	10	Alpha	*
19	Service fee	1	Numeric	
20	Modifier 1	5	Alpha	
21	Modifier 2	5	Alpha	
22	Modifier 3	5	Alpha	
23	Modifier 4	5	Alpha	
24	Invoice Number	10	Alpha	*
25	Practice name	40	Alpha	*
26	Referring doctor's BHF practice number	15	Alpha	
27	Medicine code (NAPPI CODE)	15	Alpha	*
28	Doctor practice number - sReferredTo	30	Numeric	
29	Date of birth / ID number	13	Numeric	*
30	Service Switch transaction number – batch number	20	Alpha	
31	Hospital indicator	1	Alpha	*
32	Authorisation number	21	Alpha	*
33	Resubmission flag	5	Alpha	*
34	Diagnostic codes	64	Alpha	*
35	Treating Doctor BHF practice number	9	Alpha	



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FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
36	Dosage duration (for medicine)	4	Alpha	
37	Tooth numbers		Alpha	*
38	Gender (M, F)	1	Alpha	
39	HPCSA number	15	Alpha	
40	Diagnostic code type	1	Alpha	
41	Tariff code type	1	Alpha	
42	CPT code / CDT code	8	Numeric	
43	Free Text	250	Alpha	
44	Place of service	2	Numeric	*
45	Batch number	10	Numeric	
46	Switch Medical scheme identifier	5	Alpha	
47	Referring Doctor's HPCSA number	15	Alpha	*
48	Tracking number	15	Alpha	
49	Optometry: Reading additions	12	Alpha	
50	Optometry: Lens	34	Alpha	
51	Optometry: Density of tint	6	Alpha	
52	Discipline code	7	Numeric	
53	Employer name	40	Alpha	*
54	Employee number	15	Alpha	*
55	Date of Injury (CCYYMMDD)	8	Date	*
56	IOD reference number	15	Alpha	
57	Single Exit Price (Inclusive of VAT)	15	Numeric	
58	Dispensing Fee	15	Numeric	
59	Service Time	4	Numeric	
60				
61				
62				
63				
64	Treatment Date from (CCYYMMDD)	8	Date	*
65	Treatment Time (HHMM)	4	Numeric	*
66	Treatment Date to (CCYYMMDD)	8	Date	*
67	Treatment Time (HHMM)	4	Numeric	*
68	Surgeon BHF Practice Number	15	Alpha	
69	Anaesthetist BHF Practice Number	15	Alpha	
70	Assistant BHF Practice Number	15	Alpha	
71	Hospital Tariff Type	1	Alpha	
72	Per diem (Y/N)	1	Alpha	
73	Length of stay	5	Numeric	*
74	Free text diagnosis	30	Alpha	
TRAILER				
1	Trailer Identifier = Z	1	Alpha	*
2	Total number of transactions in batch	10	Numeric	*
3	Total amount of detail transactions	15	Decimal	*



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MSPs PAID BY THE COMPENSATION FUND

Discipline Code :	Discipline Description :
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthesiology
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Medicine
019	Gastroenterology
020	Neurology
021	Cardiology (Occupational Related Cases)
022	Psychiatry
023	Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopaedic
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Speciality
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiation Oncology
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)
060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics
066	Occupational Therapy
070	Optometry
072	Physiotherapy
075	Clinical technology (Renal Dialysis and Perfusionists only)



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076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech therapy and Audiology
083	Hearing Aid Acoustician
084	Dietetics
086	Psychology
087	Orthotics & Prosthetics
088	Registered nurses (Wound Care and Nephrology only)
089	Social worker
090	Clinical services : (Wheelchairs and Gases only)
094	Prosthodontic

CHIROPRACTOR TARIFF OF FEES AS FROM 1 APRIL 2025 (PRACTICE TYPE 004)		
General Rules		
Rule	Rule Description	
001	Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation, the relevant consultation fee shall be payable by the employee.	
002	Chiropractors are allowed a total of 10 sessions, however a written referral letter from a treatment doctor is required, must clearly indicate the reason for the referral and relation to the original injury. Submission of a report is required after every consultation, treatment and/or therapy services rendered with the application codes. Chiropractor services only applicable for outpatients. Only one visit per day is allowed.	
003	The consultation code may be charged only once per day and once per claim. Consultation includes history taking, guidance, education and health promotion. Subsequent visits are considered as follow-up to the initial visit.	
004	A maximum of three diagnostic procedures may be charged at the same consultation or visit. Diagnostic procedures include physical examination, neurological examination, orthopaedic examination, ergonomical analysis and postural analysis.	
005	A maximum of three types of treatment procedures (modalities and/or methods) may be charged at the same consultation or visit for any single diagnosis. Treatment procedures include, inter alia: spinal or extra - spinal manipulation, acupuncture, cold applications, non-heating modalities, deep heating radiation, soft tissue manipulation, superficial heating therapy and therapeutic exercises (other than in relation to preparation or fitting of appliances).	
006	After a series of 10 treatments, a written motivation from the treating doctor is required by the Compensation Fund if further treatment is needed. Payment for treatment in excess of the stipulated number may be granted by the Compensation Fund after the approval of the request.	
007	X-ray films: Chiropractor practitioners to use x-ray results from referring medical practitioner.	
Tariff Codes		
Code	Code Description	Rand
1.	Consultations	
04301	Initial consultation: Includes taking of a full case history, pertinent history, guidance, education, health promotion but excluding remedies, immobilisation and manipulation procedures. Tariff code may be charged only once per visit per claim. (Refer to Rule 003)	376.47
2.	Diagnostic Procedures	
	Only a single item from this section may be charged per patient encounter. Diagnostic procedures included in the scope of practice are; physical examination, neurological examination. Initial consultation - charge 04313 (may only be used once per episode of injury). Follow up consultation - use 04311 or 04312 only. When using 04312 at a subsequent consultation, a motivation detailing why two diagnostics are required at a follow up treatment. Only one of items 311, 312 or 313 can be used per visit. (Refer to Rule 004)	

04311	Single diagnostic procedure (May be used with up to three treatment/therapeutic codes) (Refer to Rule 004)	244.04
04312	Two diagnostic procedures (Attach Motivation)	370.80
04313	Three diagnostic procedures (May only be used on an initial consultation)	488.09
3.	Immobilisation or Therapeutic exercises in relation to preparation or fitting of appliances	
Only a single item from this section may be charged per patient encounter. Only one of items 321 or 322 can be used per visit.		
04321	Single instance of immobilization or therapeutic exercises.	737.81
04322	Two instances of immobilization or therapeutic exercises (Attach Motivation)	926.99
4.	Treatment (Therapeutic Procedures)	
Only a single item from this section may be charged per patient encounter. Only one of items 331, 332, 333, 334,335 or 336 can be used per visit.		
04331	Single treatment procedure	518.36
04332	Two treatment procedures	628.08
04333	Three treatment procedures	737.81
04334	Four treatment procedures	847.54
04335	Five treatment procedures	957.26
04336	Six treatment procedures	1065.10
5.	Radiology	
04049	Ankle—AP / LAT	301.35
04050	Ankle—Complete Study—3 views	451.17
04051	Cervical—AP / LAT	301.08
04052	Cervical—AP / LAT / OBL	451.17
04053	Cervical study—6 views	902.37
04054	Cervical—Davis Series—7 views	1052.15
04055	Elbow—AP / LAT	295.46
04056	Elbow—3 views	451.17
04057	Foot—AP / LAT	301.08
04058	Foot—3 views	451.17
04059	Femur—AP / LAT	601.55
04060	Hand—AP / LAT	301.08
04061	Hand—3 views	451.17
04062	Hip unilateral—1 view	210.62
04063	Hip—2 views	420.93
04064	Knee—AP / LAT	301.08
04065	Knee—3 views	451.17
04066	Lumbo-Sacral—3 views	721.71
04067	Lumbar spine & pelvis—5 views	1082.13
04068	Pelvis AP	301.08
04069	Pelvis—3 views	661.75
04070	Ribs—Unilateral—2 views	360.71
04071	Ribs—Bilateral—3 views	541.05
04072	Radius / Ulna	301.08

04073	Spine—Full spine study—AP / LAT	1082.13
04074	Spine—8 X 10—Single study	178.13
04075	Spine—10 X 12—Single study	180.66
04076	Spine—14 X 17—Single study	301.08
04077	Shoulder—1 view	180.66
04078	Shoulder—2 views	360.71
04079	Thoraco—Lumbar—AP / LAT	601.55
04080	Thoracic—AP	601.55
04081	Tibia/Fibula—AP / LAT	601.55
04082	Wrist—AP / LAT	301.08
04083	Wrist—3 views	451.17
04084	Stress views—Lumbar	377.24
04100	Consumables/Medication/Material	
Radiation Control Council Certificate number to be on account if X-Rays charged		

Claim Number: _____

**REHABILITATION PROGRESS REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT**

Names and Surname of Employee _____

Identity Number _____ Address _____

_____ Postal Code _____

Name of Employer _____

Address _____

_____ Postal Code _____

Date of Accident _____

1. Date of first treatment _____ Provider who provided first treatment _____

2. Initial clinical presentation and functional status _____

3. Name of referring medical practitioner _____

Date of referral _____

4. Describe patient's current symptoms and functional status _____

5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)? _____

6. Overall goal of treatment: _____

7. Number of sessions already delivered _____ Progress achieved _____

Claim Number: _____

8. Number of sessions required _____ Treatment plan for proposed treatment sessions _____

9. From what date has the employee been fit for his/her normal work? _____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function? _____
11. If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint) _____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider _____

Name (Printed) _____ Date(Important) _____

Address _____

Practice number _____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

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