labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

INQUIRY RE/UNPAID MEDICAL/CHEMIST ACCOUNT

Claim Number

Use this form according with the instructions on the reverse side.

NO.

.....

.....

.....

.....

Amount outstanding .....

Account Number .....

Date of service rendered .....

Nature of injury .....

Date of accident .....

Nature of referring doctor .....

Name of employer .....

Full address .....

.....

Surname of employee.....

First names..... N.I. No And/or Col. No .....

Residential address .....

.....

.....

.....

.....

FULL name and address of sender and postal code

.....
Signature

Date .....

REPLY (FOR OFFICIAL USE ONLY) ONLY APPLICABLE ON OUTSTANDING ACCOUNTS 60 DAYS AND OLDER	
1.	Payment of the account as approved on .....
2.	Payment of your account is withheld pending the receipt of ....
3.	The alleged accident is being investigated and should liable be accepted payment of your account will be considered.
4.	Your account cannot be traced in this office. Kindly submit a duplicate specified account quoting the above claim number. Copy/copies of your first and final medical report(s) and /or X-ray reports(2) is/are also required.
5.	The employee's claim against the compensation Fund was repudiated and your account cannot be paid.

6. .....
.....
.....
.....

In case of further correspondence please quote my above reference number.

COMPENSATION COMMISSIONER Date: .....

INSTRUCTIONS

A separate form, completed in duplicate, must be rendered with a specified account in respect of every individual account which has been outstanding for two months or longer.

This form must be used by medical practitioners, radiologists, physiotherapists, dental surgeons, hospitals, nursing homes, etc., for medical aid rendered in terms of the Compensation Act, 1993.

Medical practitioners or hospitals who treated the employee in the first instance for any injury must in addition to their specified account and his form, also include **Part B of the Employer's Report and the copy of the First Medical Report (W.Cl.4).**

If this office finds, on receipt of the documents mentioned above, that the employer has not yet reported the accident, he will be contacted immediately. In some cases where the injury was of a minor nature and above-mentioned reports have been received, it will be possible to accept a liability and settle your account.

In all cases this form should be addressed to Compensation Commissioner,
P.O. Box 955, Pretoria 0001.