

## ADVICE OF PAYMENTS

Details of payments made by the employer to discharge the employer's liability in accordance with Section 125A(3) of the *Accident Compensation Act 1985*.

PLEASE SUBMIT THE ADVICE ONLY WHEN THE MEDICAL & LIKE EXPENSES HAVE CEASED OR YOUR COMPANY HAS PAID ITS LIABILITY OF \$582.00 (refer Part B. below), WHICHEVER FIRST OCCURS.

**CLAIM NUMBER** (If known)

--	--	--	--	--	--	--	--	--	--

**EMPLOYER NAME:**

--

**EMPLOYER NUMBER:**

--	--	--	--	--	--	--	--

**Name of Injured worker** (family name first):

--

**A. WEEKLY PAYMENTS:**

Number of days for which benefits have been paid (maximum of 10 days of incapacity):

Number of Days Paid

Advise Incapacity Days Paid: \$

**B MEDICAL & LIKE EXPENSES – Employer's liability is \$592.00\***

List details of all payments made by the employer for medical & like services, paid in accordance with the employer's liability:

Authorised Agent of the Victorian WorkCover Authority

**PRIVACY DECLARATION:** Personal Information collected and/or held by Gallagher Bassett (GB) will only be used for the purpose for which it was collected or otherwise in accordance with the National Privacy Principles (NPPs). GB will hold this information securely, and will only disclose personal information in accordance with its Privacy Declaration (available at [www.gallagherbassett.com.au](http://www.gallagherbassett.com.au)). If you would like to request access to your personal information or find out more about how GB respects your right to privacy, please contact our Privacy Officer on (07) 3005 1900 or by email at [privacy@gbtpa.com.au](mailto:privacy@gbtpa.com.au)

**Account Details** (name of provider):

List details of all payments made by the employer for medical & like services, paid in accordance with the employer's liability:

**Account Details** (name of provider):

•
•
•
•
•
•
•
•
•
•

**Amounts paid:**

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

**Total medical and like services payments** (maximum of \$592.00\*)

**Total amount paid :**

\$
----

**Note:** For accounts in relation to medical & like expenses, please attach the 'original' copies of all accounts indicating whether "Paid" or "Unpaid" by the employer. If any account has been paid-in-part only please note amount paid by the employer.  
\* **Amount is indexed annually.**

Signature of employer: ..... Date: ...../ ..... / .....