

GPS² Services
Pre-approval Authorisation Form

This form is emailed/faxed to the case manager following initial telephone contact.

Date Issued:

AGENT/SELF- INSURER NAME:

CASE MANAGER:

URGENT APPROVAL REQUIRED

Please sign and return this form to us within 24 hours of receipt. Please return either by:

Fax: **1800 477 245** or Email: **contact@gps2.com.au**

Prior approval for payment is sought from the compensating authority in order to proceed with a GPS2 specialist opinion assessment.

Claimant Details	Referring General Practitioner Details
Name:	Name:
Date of Birth:	Address:
Address:	Phone:
Claim No:	

The fee associated with provision of this service is approved.

Case Manager Name _____

Case Manager Signature _____

Date _____