CLAIM FOR REIMBURSEMENT

For Medical, Pharmacy, Public Transport, and approved other costs (Not Travel)

Claimant: Claim Number: Month:

Date	Item Description	Type	Receipt Attached	Total ($)	Recommended by Treating Doctor
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
			Yes ☐	$	Yes ☐ No ☐
		Total for this sheet		$ 0.00	
		Total number of pages attached			

I certify that the information I have provided is true and correct.

Signed

Date

/ /

AAI Limited ABN 48 005 297 807 trading as GIO – Agent for the Workers Compensation Nominal Insurer
ABN 83 564 379 108/003 also known as icare workers insurance.
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