Treatment and Recovery

Our role is to encourage early and appropriate treatment and care to help you achieve optimum recovery from your injuries. Under the guidelines set by the NSW State Insurance Regulatory Authority (SIRA), we are required to manage your claim in a way which best supports your needs.

This fact sheet will help you better understand:

- How we will cover the cost of reasonable and necessary treatment, rehabilitation or care
- What you need to do to be eligible for this coverage
- What we mean by the term 'Reasonable and Necessary'
- What a 'Recovery Plan' means for you

How do I receive treatment, rehabilitation or care for my injuries?

When you lodge your claim, you will have been given a **claim number.** This number is uniquely yours and allows us to identify your claim. Give this number to your General Practitioner (GP) and any of your Treatment Providers as they will use this number to send us requests, recommendations or treatment plans.

We will work closely with you and your GP to understand your treatment needs and ensure you have access to the right treatment as quickly as possible. Prior to attending the treatment, it is important you send it to us for review. This is called the pre-approval process and it will help to ensure you aren't out of pocket for any reasonable and necessary treatment, rehabilitation or care.

We are required to cover the cost of any 'reasonable and necessary' treatment, rehabilitation and/or care which is recommended by your GP once we accept liability for your claim.

What do we mean by reasonable and necessary?

There are a few tests your request must meet to be considered 'reasonable and necessary'. They are:

1. is the request directly related to injuries from your motor accident?
2. is the recommended treatment, rehabilitation or care appropriate for your injury?
3. will it benefit you?
4. is the proposed service provider the most suitable one to provide the treatment?
5. whether the expense is cost effective?
6. if it is likely to assist you get back to your usual pre-accident activities?

If your treatment request meets all these tests, we will be in a position to approve your request.

How do I know if my treatment is approved?

When we receive a request, we will let you and your treatment provider know of our decision within 10 calendar days from the date we received the request. When treatment, rehabilitation or care is approved, we will call you to let you know. We will also put in writing:

- What treatment is approved
- The name of the Treatment Provider we are approving
- How many sessions, or a description of what is approved
- How much we will pay for these services

This approval will only be for treatment to be administered by the Treatment Provider or the Medical Practice stated on the approval letter. If you want to change to a different provider, simply let us know and we will send a new approval letter.

If you find that you have concerns about the treatment you are receiving, please let us know and we will work with you to address these issues.

When we provide a pre-approval for treatment, this means that we will pay the Treatment Provider directly for their services. These payments will be made within 20 calendar days of us receiving the tax invoices from your treatment providers.

What if my treatment is not approved?

In some instances, we may determine that a request for treatment, rehabilitation or care is not reasonable and necessary. When this happens, within 10 calendar days we will:

- Call you to explain our decision, which will include an explanation for:
  - Why we do not think that the request is reasonable and necessary
  - Why the medical evidence does not support the need for the treatment, or
  - Why the treatment is not related to the motor accident
- Send you a letter with the information you need to understand our decision, including copies of any information we relied upon to make our decision, and
- Ensure you understand your options to have our decision reviewed

We will also write to the Treatment Provider to let them know.

It may be the case that there is not enough medical information to support the need for the treatment or service. When this happens, we may decline treatment until we get more information. Be assured that we will work proactively with your treatment provider to get this information and will review our decision again within 10 calendar days of getting this additional information.

What if I have already paid for my treatment, rehabilitation or care? Will you reimburse me?

Yes, provided the treatment, rehabilitation or care is reasonable and necessary. We can also reimburse expenses you incurred to travel to your medical appointments. Please contact your Claims Advisor to discuss reimbursement for these expenses.

What do I need to do to be eligible for treatment & rehabilitation?

It is important for your recovery that you are actively involved in the treatment and rehabilitation recommended by your General Practitioner and Treating Providers.

One of our roles in managing your claim is to coordinate and help proactively manage your treatment and rehabilitation so that you can get back to pre-accident activities and where applicable, back to work.

Generally, we will do this by creating a document called a 'Recovery Plan'. A Recovery Plan is a document which has been tailored by your Claims Advisor and in consultation with you. We will create this plan if you aren't fully back to work or your usual activities after 28 days of lodging your claim.

What is a Recovery Plan?

A recovery plan outlines your treatment goals and the roles and responsibility of all the people involved in your recovery, this includes your treatment providers and us, the insurer.

In your Recovery Plan you will find:

- A summary of your injuries from the accident including the current and future treatment to be undertaken to help rehabilitate your injuries,
- An outline of your current fitness for work and/or usual activities,
- Goals which have been put in place to help you return to your pre-accident fitness for work and/or usual activities with any relevant milestones,
- The roles and responsibilities of the people involved in the management of your injury,
- The importance of you engaging with your Recovery Plan and what will happen if you choose not to fulfil your obligations, and
- What action you can take if they disagree with your plan.

What are my responsibilities after the accident?

There are a few things you need to do to receive entitlements to treatment, rehabilitation, care and where applicable, weekly benefits. We require you to:

- Participate in your Recovery Plan
- Actively engage with the agreed goals, activities and actions
- Show up for your approved treatment appointments
- Send us a current and up to date Certificates of Capacity/Fitness
- Make reasonable efforts to return to work when safe to do so

What happens if I don't engage with my Recovery Plan?

Your recovery plan is developed in consultation with yourself and is in line with your treatment providers recommendations in order to optimise your recovery. For this reason, it is essential that you fulfil the obligations outlined in this plan. Failing to do so may result in your treatment and benefits being suspended. Please contact your Claims Advisor if you:

- Disagree with the requirements of your plan,
- Have issue with any part of your plan, or
- Are concerned about your ability to fulfil your obligations.

What if a decision is made about my treatment & rehabilitation that I don't agree with?

If you don't agree with a decision made about your treatment, rehabilitation or care, or if you don't agree with any aspect of your recovery plan, you can seek a review by our Internal Dispute Resolutions Team. Please see the Internal Review fact sheet attached for further information.

Alternatively, should you be dissatisfied with our standard of service, you may make a complaint. Please contact your Claims Advisor to obtain their contact details or refer to the attached Complaints fact sheet.