

## Application for pre-approval – medical expenses

Your name	Contact number
Claim number	Date of birth
Address	
Your employer's name	
Injury description	
Date of injury	

Please detail the service, appliance, medicine or other item forming the basis of your application (e.g. knee arthroscopy)

Why you are making the application?

### Medical evidence

**An application for approval must be supported by medical evidence from a medical practitioner, please attach your evidence to this form and provide it to your case manager.**

Upon receipt of a complete application a decision will be made within one month. If you have any queries about the progress of your application please contact your case manager.

### Please complete this form and send to your claims agent:

**EML**  
Phone: 08 8127 1100  
Email:  
MedicalManagement@employersmutualsa.com.au  
Postal address: GPO Box 2575,  
Adelaide SA 5001

**Gallagher Bassett**  
Phone: 08 8177 8450  
Fax: 08 8177 8451  
Email: gb-rtwsa@gbtpa.com.au  
Postal address: GPO Box 1772,  
Adelaide SA 5001

**ReturnToWorkSA (EnABLE)**  
Email: enable@rtwsa.com  
Phone: 13 18 55  
Postal address: GPO Box 2668,  
Adelaide SA 5001