Audiology fee schedule and policy

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| --- | --- | --- | --- |
| Fee schedule | | Effective 01 July 2025 | |
| Item no. | Service description | | Max fee (ex GST) |
| **AU101** | **Assessment**  Assessment: An assessment determines the worker’s hearing requirements and independence level as a result of their work injury. This includes obtaining a clinical history, diagnostic testing including appropriately masked air and bone conduction audiometry, collaborative rehabilitative goal setting, reasonable cost effective recommendations, clinical justification and a brief written summary to the claims manager inclusive of the above. The Audiologist/Audiometrist must refer the worker to another clinician if the patient presents with issues outside of their scope of practice. | | **Audiologist: $244.60 flat fee**  **Audiometrist: $219.60 flat fee** |
| **AU102** | **Monaural Fitting**  Monaural Fitting: Inclusive of the supply and fitting of the hearing aid, instructions around appropriate use of the hearing aid, use of relevant outcome measures (such as the Client Oriented Scale of Improvement as an example), subsequent follow-up reviews to ensure optimal recovery and transition following the audiological intervention for 1 year and 1 year supply of batteries (where applicable). Hearing aid specifications and details (serial numbers and device codes, copy of the consumer warranty), details of adjustments or modifications to achieve optimal fit, and completed outcome measures must be provided to the claims manager. This fee cannot be charged where there is a device replacement within 12 months of the initial fitting. | | **$897.40 flat fee** |
| **AU103** | **Binaural Fitting**  Binaural Fitting: Inclusive of the supply and fitting of the hearing aid, instructions around appropriate use of the hearing aid, use of relevant outcome measures (such as the Client Oriented Scale of Improvement as an example), subsequent follow-up reviews to ensure optimal recovery and transition following the audiological intervention for 1 year and 1 year supply of batteries (where applicable). Binaural Hearing packages will only be provided for demonstrated compensable hearing loss in both ears. Hearing aid specifications and details (serial numbers and device codes, copy of the consumer warranty), details of adjustments or modifications to achieve optimal fit, and completed outcome measures must be provided to the claims manager. This fee cannot be charged where there is a device replacement within 12 months of the initial fitting. | | **$1317.20 flat fee** |
| **AU201** | **Hearing Aid**  Hearing Aid: The worker is assigned the appropriate hearing aid depending upon the clinical need determined through audiogram findings, lifestyle and dexterity of the worker, with sufficient capacity to modify/adjust to foreseeable changes in hearing needs within 5 years. The fee shall be the provider specific wholesale price of hearing aid + 5% mark-up to the maximum specified in the fee schedule. | | **$2020.00 maximum** |
| **AU206** | **Hearing Aid**  Rechargeable Hearing Aid: The worker is assigned the appropriate hearing aid depending upon the clinical need determined through audiogram findings, lifestyle and dexterity of the worker, with sufficient capacity to modify/adjust to foreseeable changes in hearing needs within 5 years. The fee shall be the provider specific wholesale price of hearing aid + 5% mark-up to the maximum specified in the fee schedule. | | **$2020.00 maximum** |
| **AU104** | **Rehabilitation and adjustment**  Rehabilitation and adjustment: The monaural or binaural initial package fee covers rehabilitation and adjustment for 1 year following the initial fitting. Following this period, audiological services may be provided for hearing aid adjustment or rehabilitation to ensure optimal recovery and transition following the previous intervention. Only applicable 12 months after the fitting of a hearing device for a maximum of up to 6 hours of service during the life of the hearing aid, a brief summary of rehabilitation/adjustment to be provided to the claims manager and each service to be rounded to the nearest 6 minutes. | | **Audiologist: $244.60 per hour**  **Audiometrist: $219.60 per hour**  **Max 6 hours** |
| **AU203** | **Hearing aid repairs**  Hearing aid repairs: The claims manager will only consider payments for the repair and maintenance of hearing aids/devices as a result of normal wear and tear, that are not covered by the manufacturer or supplier warranty and following receipt of the request for repair or a replacement device form, proof of consumer warranty, and the manufacturer’s quote for the repairs that details the damaged components and the cost to repair the device or damaged component. | | **Reasonable cost** |
| **AU204** | **Batteries**  Batteries: The monaural or binaural package fee includes a one year supply of batteries. Only applicable 12 months after the fitting of a hearing device. Fee is per hearing device/year. | | **$101.00 maximum** |
| **AU202** | **Hearing aid accessories**  Hearing aid accessories: Hearing aid accessories will only be paid for if they will enhance function, recovery and/or return to work. Prior approval must be obtained from the claims manager. | | **Reasonable cost** |
| **AU105** | **Report**  Standard report: A standard report can only be requested by the claims manager, and should be provided within 10 days of the request. The report should be based on the provider’s notes/assessments carried out and would not usually require consultation with the patient. | | **Audiologist: $244.60 flat fee**  **Audiometrist: $219.60 flat fee** |
| **AUTE2** | **Telehealth Monaural Fitting**  Telehealth Monaural supply, fitting and subsequent follow up for 1 year. This fee is inclusive of supply and fitting of a like-for-like, pre-programmed, hearing aid when: the existing device has been lost or damaged and is not covered by warranty or insurance, or 5 years has elapsed and the workers hearing needs have not changed. Includes 1 year of subsequent follow-up reviews and 1 years’ supply of batteries. If a like-for-like device cannot be provided or is not suitable, this fee item cannot be charged and telehealth is not suitable. Claims manager approval is required prior to conducting telehealth services. Hearing aid specifications and details (serial numbers and device codes, copy of the consumer warranty), details of adjustments or modifications to achieve optimal fit, and completed outcome measures must be provided to the claims manager. This fee cannot be charged where there is a device replacement within 12 months of the initial fitting. | | **$897.40 flat fee** |
| **AUTE3** | **Telehealth Binaural Fitting**  Telehealth Binaural supply, fitting and subsequent follow up for 1 year. This fee is inclusive of supply and fitting of a like-for-like, pre-programmed, hearing aid when: the existing device has been lost or damaged and is not covered by warranty or insurance, or 5 years has elapsed and the workers hearing needs have not changed. Includes 1 year of subsequent follow-up reviews and 1 years’ supply of batteries. If a like-for-like device cannot be provided or is not suitable, this fee item cannot be charged and telehealth is not suitable. Claims manager approval is required prior to conducting telehealth services. Hearing aid specifications and details (serial numbers and device codes, copy of the consumer warranty), details of adjustments or modifications to achieve optimal fit, and completed outcome measures must be provided to the claims manager. This fee cannot be charged where there is a device replacement within 12 months of the initial fitting. | | **$1317.20 flat fee** |
| **AUTE4** | **Telehealth Rehabilitation and adjustment**  Telehealth rehabilitation and adjustment: The telehealth monaural or binaural initial package fee covers rehabilitation and adjustment for 1 year following the initial fitting. Following this period, telehealth audiological services may be provided for hearing aid adjustment or rehabilitation to ensure optimal recovery and transition following the previous intervention. Claims manager approval is required prior to conducting telehealth services. Only applicable 12 months after the fitting of a hearing device for a maximum of up to 6 hours of service during the life of the hearing aid, a brief summary of rehabilitation/adjustment to be provided to the case manager and each service to be rounded to the nearest 6 minutes. | | **Audiologist: $244.60 per hour**  **Audiometrist: $219.60 per hour**  **Max 6 hours** |

\*An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the *Application for Approval as a South Australian Return to Work Service Provider.*

# Audiology service and payment policy

The purpose of the services identified in this fee schedule and policy is to provide treatment that assists a worker in their recovery and (if applicable) supports them to stay at or return to work as soon as it is safe for them to do so. This fee schedule applies to all work injury claims, whether insured through ReturnToWorkSA or a self-insured employer.

ReturnToWorkSA or the self-insurer will periodically review a worker’s treatment and services to ensure they remain reasonable for the work injury and are payable under the *Return to Work Act 2014*.

In the development of this schedule and policy ReturnToWorkSA has given regard, where appropriate, to the standards and service expectations outlined in the [Hearing Services Program Instrument 2023](https://www.legislation.gov.au/F2023N00172/latest/text).

## Who can provide services to workers

The Insurer (ReturnToWorkSA or a self-insurer) will only pay for services by healthcare professionals who are:

* registered by ReturnToWorkSA to provide the services identified in this schedule. ReturnToWorkSA will register a service provider upon receipt of their initial invoice; and
* a ‘Full Member of Audiology Australia who holds a ‘Certificate of Clinical Practice’ issued by *Audiology Australia* OR
* either a Full/Ordinary or Fellow Member – Audiologist or Audiometrist of the *Australian College of Audiology* OR
* either a Full or Fellow Member Audiometrist of the Hearing Aid Audiometrist Society of Australia.

## How much the insurer will pay

This fee schedule is published in the *South Australian Government Gazette.* Gazetted fees are the **maximum fees chargeable**, excluding GST. Where applicable, GST can be applied over and above the gazetted fee.

ReturnToWorkSA or a self-insurer will pay the reasonable cost of services up to the maximum amount detailed in the ReturnToWorkSA fee schedule.

**ReturnToWorkSA’s expectations for the delivery of services to workers**

ReturnToWorkSA expects that all providers of audiology services to workers as a part of the South Australian Return to Work scheme adhere to their registration requirements including relevant codes and guidelines in the application of their registration standards. For example, [Audiology Australia’s Professional Practice Guide](https://audiology.asn.au/Tenant/C0000013/AudA_Professional_Practice_Guide_2022.pdf).

Workers, as a part of the South Australian Return to Work scheme are free to choose their service provider and retain the right to change providers as needed.

**What the insurer will pay for**

ReturnToWorkSA or a self-insurer will pay for:

* Audiology/Audiometry services where there is an accepted claim for the treatment of a work injury or condition
* Audiology/Audiometry services and products that are reasonable and necessary and clinically justified
* Replacement or repair of hearing devices where necessary, subject to prior written approval from the claims manager
* Binaural Hearing packages for demonstrated compensable hearing loss in both ears.

## What the insurer will not pay for

ReturnToWorkSA or a self-insurer will not pay for:

* Non-attendance or cancellation fees for treatment services
* Services invoiced in advance of the service delivery
* Audiologist/Audiometrist travel time
* Pre-payment for services and/or products that are not pre-approved
* Products or services that have been funded by an existing government scheme, such as the Hearing Services Program
* Replacement or repair of hearing devices where these are covered by consumer warranty or insurance, or where relevant documentation has not been provided
* Replacement or repair of hearing devices that are not supported by a quote outlining the damaged components and the cost to repair the device or damaged components
* Monaural or binaural fitting fees where there is a replacement of device(s) less than 12 months from the date of device supply
* Two monaural hearing packages within a 3 month period. If there is binaural hearing loss, the binaural fitting fee item must be used.

Note: lost devices will be considered for replacement on a case-by-case basis based on the reasonableness of the request.

**Transparency of referrals**

ReturnToWorkSA expects that all providers of audiology services to workers as a part of the South Australian Return to Work scheme are transparent in declaring any existing commercial arrangements between referral sources, including whether one business operates as a subsidiary of the other.

**Ownership of Hearing Aid(s)**

Hearing aids purchased for a worker by a hearing service provider are the sole property of the worker. In the event the hearing aid is determined to be irreparable, the device must be promptly returned to the worker. This applies regardless of the condition of the device or the length of its service life.

**Assessment**

An assessment of the worker’s hearing requirements includes:

* obtaining a clinical history, including:
* hearing loss development
* employment history and work-related and non-work related noise exposure including duration and frequency
* relevant personal and family medical history
* diagnostic testing including, but not limited to (\*denotes a mandatory test):
* Pure Tone audiometry (PTA) including both air and bone conduction audiometry\*
* Age-appropriate speech tests\*
* Otoacoustic emissions (OAEs)
  + - Transient evoked otoacoustic emissions (TEOAEs)
    - Distortion product otoacoustic emissions (DPOAEs)
* Acoustic impedance tympanometry
* Auditory processing tests
* a brief written summary of the above including clinical justification for recommendations.

Audiometric testing must be carried out in a suitably attenuated environment using an audiometer calibrated according to the references specified in AS IEC 60645-1:2002.

Audiometric testing must be accompanied by the audiologist’s/audiometrist’s qualifications and a signed declaration that confirms the above conditions have been met, with the statement:

*“The audiometric examination was carried out in a soundproof room according to Australian Standards using an Audiometer that has been calibrated within the last 12 months to ISO standards. I can confirm a noise free interval of at least 16 hours.”*

**Monaural and Binaural Fitting**

A Monaural fitting must include:

* The fitting of a single device that must:
* be suitable for the worker’s hearing loss, circumstances, and established goals, and
* be appropriately programmed according to the workers hearing loss (based on hearing thresholds no more than 1 year old) and optimised according to their needs and preferences, and
* be checked and modified for comfort,
* be manageable by the client or their carer after appropriate demonstration and instructions around appropriate use.
* At least 2 appointments, the fitting and a follow up.
* Follow-up reviews and appropriate fine tuning and education to ensure optimal outcomes for 1 year,
* 1 years’ supply of batteries (where applicable).

Fitting Evidence should include:

* device details (serial numbers and device codes), and
* copy of consumer warranty, and
* device programming specifications, and
* documentation that the device has been optimised for the worker’s needs, preferences and comfort, including any adjustments or modifications to the device.

Binaural Hearing packages will only be provided for demonstrated compensable hearing loss in both ears.

**Reports**

A standard report should include:

* hearing loss development
* employment history and work-related **and** non-work related noise exposure including duration and frequency
* relevant personal and family medical history
* outcome of diagnostic testing.

**Rehabilitation and adjustment**

Includes the identification and support of the psychosocial impacts of hearing loss, as described in the [Audiology Australia Professional Practice Guide December 2022](https://audiology.asn.au/wp-content/uploads/2023/07/AudA_Professional_Practice_Guide_2022.pdf), pages 115 to 118.

**Replacement of hearing devices**

The expected life of a hearing aid is 5 years.

Before considering refitting, the suitability of the current hearing aid must be assessed and found to be unsuitable before a new device is discussed with the client. The audiologist/audiometrist must provide a [*Request for repair or a replacement hearing aid form*](https://www.rtwsa.com/__data/assets/pdf_file/0003/230682/request-for-repair-or-replacement-of-a-hearing-aid-form-1-july-2024.pdf)to recommend the necessary cost, reasonably incurred, of the replacement hearing device that is suited to the worker’s circumstances.

The[*Request for repair or a replacement hearing aid* *form*](https://www.rtwsa.com/__data/assets/pdf_file/0003/230682/request-for-repair-or-replacement-of-a-hearing-aid-form-1-july-2024.pdf) must be completed with the worker and provided to the claims manager for consideration prior to approval. The following information must be included in the form provided to the claims manager:

* confirmation of the date of the assessment with the injured worker
* the worker’s current hearing status and relevant clinical changes since the issue of the initial hearing aid(s)
* copies of tests or assessments performed
* alternatives to refitting that have been attempted to address the client’s issues (e.g. re-education, adjustment or repairs to current device etc)
* details as to why the current device cannot be adjusted or modified to meet worker needs
* the recommended replacement hearing aid and its suitability for the worker.

After considering the above, the claims manager may give approval for a trial period with the recommended replacement aid (as applicable).

The assessment fee item is to be used for this process.

**Early replacement of devices**

A [*Request for repair or a replacement hearing aid* *form*](https://www.rtwsa.com/__data/assets/pdf_file/0003/230682/request-for-repair-or-replacement-of-a-hearing-aid-form-1-july-2024.pdf) must be completed with the worker and provided to the claims manager for consideration prior to approval.

A replacement of a hearing aid before 5 years has elapsed may be approved if:

* The worker has discussed the need for early replacement with the claims manager directly, and
* Loss or damage to the hearing aid has occurred which is not covered by a warranty/insurance policy – this will be considered on a case-by-case basis, depending on the reasonableness of the request. The worker must complete Part B of the [*Request for a repair or replacement hearing aid form*](https://www.rtwsa.com/__data/assets/pdf_file/0003/230682/request-for-repair-or-replacement-of-a-hearing-aid-form-1-july-2024.pdf), or
* The current hearing device is unable be adjusted to meet the hearing requirements of the worker for their compensable hearing loss following an assessment and information as detailed in the previous section being provided, and
* The audiologist/audiometrist has supplied the required information listed under “replacement of hearing devices”.

**Hearing aid repairs**

The [*Request for repair or a replacement hearing aid form*](https://www.rtwsa.com/__data/assets/pdf_file/0003/230682/request-for-repair-or-replacement-of-a-hearing-aid-form-1-july-2024.pdf) must be completed with the worker and provided to claims manager for consideration prior to approval, outlining:

* The reason for repair and/or maintenance
* Evidence that repair and/or maintenance is not covered by the manufacturer or supplier warranty
* Where the device is still within warranty, information on why the device is not covered by the consumer warranty
* The manufacturer’s invoice for the cost of the repairs and/or maintenance., outlining the damaged components and the cost to repair the device or damaged components
* If device is damaged beyond repair, information on what caused the damage and why it is not able to be repaired

# Invoicing requirements

All amounts listed in this fee schedule are exclusive of GST. If applicable, the insurer will pay to the provider an amount on account of the provider’s GST liability in addition to the GST exclusive fee. Suppliers should provide the insurer with a tax invoice where the amounts are subject to GST.

## Information required on an invoice

All invoices are required to contain the following information to enable prompt and efficient payment:

* provider details
* Name
* Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
* Practice and address details.
* invoice number and invoice date
* Australian Business Number (ABN)
* worker’s surname and given name(s)
* claim number (if known)
* employer name (if known)
* each service itemised separately in accordance with this fee schedule including:
* date of service and commencement time
* service item number and service description
* duration of service in hours/minutes rounded to the nearest 6 minutes for hourly rate services
* charge for the service
* total charge for invoiced items plus any GST that may be applicable.
* Bank account details for electronic funds transfer (EFT).
* serial numbers of hearing aids (inclusive of repairs/adjustments)

## Invoicing for services which have an hourly rate fee

All services must be charged as a single invoice transaction for the total accumulated time in providing the service.

## When payments will not be made

Payments will not be made:

* On invoices that do not contain the above information, which may be returned to the provider for amendment.
* On ‘account rendered’ or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.
* In advance of service provision, including all written reports.
* Where the worker’s claim has not been accepted. In this case the worker is responsible for payment.

## When to submit an invoice

Invoices are to be submitted within four weeks of service. Invoices received more than six months after date of service may not be paid unless exceptional circumstances exist.

## How to submit an invoice

Invoices sent via email is the preferred option in any of the following formats: word, PDF, and image files. Please email your invoice to the relevant address below.

Gallagher Bassett: [invoices@gb.rtwsa.com](mailto:invoices@gb.rtwsa.com)

EML: [accounts@eml.rtwsa.com](mailto:accounts@eml.rtwsa.com)

EnAble: [EnAble@rtwsa.com](mailto:EnAble@rtwsa.com)

## What are our payment terms

The Return to Work scheme has 30 day payment terms which are mandated and cannot be amended. Please do not send multiple copies of the original invoice if your payment terms are less than 30 days.

## Outstanding payments

Please contact the relevant claims agent, ReturnToWorkSA’s EnABLE Unit or self-insured employer if the claim has been accepted and the payment is outstanding.

## GST

For all GST-related queries, please contact the Australian Taxation Office or your tax advisor.

## Changes to provider details

For changes to provider details, such as ABN, change of address or electronic funds transfer details, please complete the Provider registration form available on our website. Once completed, please email to prov.main@rtwsa.com.

For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

# Useful contacts

## Claims agents

All work injury claims (*that are not self-insured or serious injury*) are managed by Employers Mutual or Gallagher Bassett. To identify which claims agent is managing a worker’s claim, refer to the ‘Claims agent lookup’ function on our website at [www.rtwsa.com](http://www.rtwsa.com).

#### EML

Phone: (08) 8127 1100 or free call 1800 688 825  
Fax: (08) 8127 1200

Postal address: GPO Box 2575, Adelaide SA 5001

Online: [www.eml.com.au](http://www.eml.com.au)

#### Gallagher Bassett Services Pty Ltd

Phone: (08) 8177 8450 or free call 1800 664 079 Fax: (08) 8177 8451

Postal address: GPO Box 1772, Adelaide SA 5001

Online: [www.gallagherbassett.com.au](http://www.gallagherbassett.com.au)

## ReturnToWorkSA EnABLE Unit

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55

Postal address: GPO Box 2668, Adelaide SA 5001

## Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

# Request for repair or replacement of a hearing aid

The expected life of a hearing aid is 5 years.

Complete this form and return to the claims manager when requesting repair or replacement of a hearing aid. The assessment fee item is to be used for a replacement hearing aid.

Workers may, if required, be provided with replacement of supplied hearing aid(s) where the supplied hearing aid:

* has been lost or damaged and is not covered by warranty or other insurance, - on a case-by-case basis - or
* the current hearing device is unable to be adjusted to meet the hearing requirements of the worker for their compensable hearing loss following an assessment and updated audiogram being provided

This form does not need to be completed for new claims or for claims for further hearing loss.

**Note: Parts A and B of the form are to be completed and signed by the worker. Approval can only be considered if part B has been completed and signed by the worker.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part A: | | Personal and claim details | | | | | | | |
| Name | |  | | | | | | | |
| Claim number | |  | | | | | | | |
| Address | |  | | | | | | | |
| Phone number | |  | | | | | | | |
| Part B: | | **To be completed by the worker** | | | | | | | |
| I require: (please tick) | | | |  | repair of my hearing aid(s) |  | | replacement of my hearing aid(s) | |
| Please provide a brief description of the issue/reason for replacement or repair: | | | | | | | | | |
|  | I confirm that my hearing aid is not covered by the consumer warranty or other insurance | | | | | | | | |
| Signature |  | | | | | | **Date** | |  |
| *I acknowledge that it is an offence against the Return to Work Act 2014 to make a statement that is false or misleading. The information I have provided is true and not misleading.* | | | | | | | | |
| Part C: | | **To be completed by the Audiologist/Audiometrist** | | | | | | | |
| Date of assessment | | |  | | | | | | |
|  | (Tick to confirm) I confirm that the hearing aid for replacement/repair is not covered by warranty | | | | | | | | |
| For a replacement device, attach copies of: | | | | | | | | | |
|  | The worker’s current hearing status and relevant clinical changes since the issue of the initial hearing aid(s) | | | | | | | | |
|  | Tests or assessments performed, including an updated audiogram | | | | | | | | |
|  | Alternatives to refitting that have been attempted to address the client’s issues and details as to why the current device cannot be adjusted or modified to meet worker needs | | | | | | | | |
|  | The recommended replacement hearing aid and its suitability for the worker | | | | | | | | |
|  | Where the replacement is for a lost device or a device damaged beyond repair, a copy of the consumer warranty, and reasons why the device is not covered under warranty and/or reasons why the device is considered beyond repair | | | | | | | | |
| For repairs, attach copies of: | | | | | | | | | |
|  | The reason for the repair and/or maintenance, e.g. what caused the damage | | | | | | | | |
|  | The manufacturer’s quote for the cost of the repairs and/or maintenance, with itemised costs for the damaged components | | | | | | | | |
|  | The consumer warranty and, where still within this period, reasons why the device is not covered under warranty | | | | | | | | |
| Name |  | | | | | | | | |
| Signature |  | | | | | | **Date** | |  |
| *I acknowledge that it is an offence against the Return to Work Act 2014 to make a statement that is false or misleading. The information I have provided is true and not misleading.* | | | | | | | | |

For enquiries related to this form, please contact ReturnToWorkSA on **13 18 55** or [providers@rtwsa.com](mailto:providers@rtwsa.com).



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AI-generated content may be incorrect.

The following free information support services are available:

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

* **TTY users** can phone 13 36 77 and ask for 13 18 55.
* **Speak & Listen (speech-to-speech) users** can phone 1300 555 727 and ask for 13 18 55.
* **Internet Relay users** connect to NRS on [www.relayservice.com](http://www.relayservice.com) and ask for 13 18 55.

For languages other than English call the Interpreting and Translating Centre on 1800 280 203 and ask for an interpreter to call ReturnToWorkSA on 13 18 55. For Braille, audio or e-text call 13 18 55.

**ReturnToWorkSA**

**Enquiries: 13 18 55**

400 King William Street, Adelaide SA 5000

[info@rtwsa.com](mailto:info@rtwsa.com)

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