

Mend Preferred Occupational Rehabilitation Provider Authorisation Form

Employer Details	
Company Name:	
Contact Name:	
Email:	
Workers Compensation Policy Number/s:	
Insurance Details	
<input type="checkbox"/> EML <input type="checkbox"/> Gallagher Basset <input type="checkbox"/> CGU <input type="checkbox"/> Allianz <input type="checkbox"/> Xchanging	
Contact Name:	
Contact Email:	

Please be advised that we nominate Mend Services as our preferred Occupational Rehabilitation provider.

Mend Services
 Level 14, 380 St Kilda Road
 Melbourne VIC 3004
 PO Box 132
 GLEBE NSW 2037

Phone: 1300 176 774
 Fax: 1300 174 022
 Email: info@mendservice.com.au

If Occupational Rehabilitation is required, please ensure that Mend Services is included on the 'choice of three' ORP letter for all workers under our policy number/s.

Where our workers fail to select one of the options from the choice of 3 provided, we request they be referred directly to Mend Services where appropriate.

Employer Representative:

Name:
Title:
Signature:
Date: