Application for reimbursement of approved treatment, care and support and transport expenses (combined form)

Participant dotails



This form is for requesting a refund of approved treatment, care and support expenses. For you to be reimbursed, **you must seek approval** from your Support Planner. Expenses incurred without prior approval may not be reimbursed.

Please attach receipts for expenses. Please send this form and your scanned/photographed receipts via email to your Support Planner or requests@niis.qld.gov.au, or mail to: NIISQ Agency, GPO Box 1391, Brisbane, Qld 4001.

i articipant details		
Date		Case number
Participant name		
Payment to be made to:	☐ Participant	☐ Other
Name of person seeking reimb	oursement (if not Participar	nt)
Deletion objects Destrict and (if we	at Double in auth	
Relationship to Participant (if n	ot Participant)	
Phone		Mobile
Email		
Confirm bank account details:		
☐ Please use the bank accou	ınt details previously provi	ded to NIISQ Agency.
☐ This is the first time I have	made a request for reimbu	ursement, or my bank account details have changed.
	· · · · · · · · · · · · · · · · · · ·	e know which account to reimburse the funds to. This form can be ou can request this form from your Support Planner.
Request for reimburse	ment submitted by	,
Name		Date
Acknowledgement		
Acknowledgement		
☐ I confirm that the information	on given on this form is tru	e and correct to the best of my knowledge.

The National Injury Insurance Agency, Queensland (NIISQ Agency) is collecting your personal information to perform our functions under the National Injury Insurance Scheme, Queensland (NIISQ). We collect, use, disclose and store your personal information in accordance with the Information Privacy Act 2009 (Qld), the National Injury Insurance Scheme (Queensland) Act 2016 (Qld) and the National Injury Insurance Scheme (Queensland) Regulation 2016 (Qld). Your personal information will not be released unless the disclosure is permitted or required by law. Further information on how NIISQ Agency handles your personal information can be found in our privacy policy or by contacting our Privacy Officer on 1300 607 566 or NIISQ-Privacy@niis.qld.gov.au.

Application for reimbursement of approved treatment, care and support expenses



Details of treatment, care and support expenses for reimbursement

* supporting receipts or tax invoices must be attached

Date	Brief Description	Amount	Receipt attached
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
	Total:	\$	

Application for reimbursement of approved transport expenses



Details of transport expenses for reimbursement

* supporting receipts or tax invoices must be attached

Journey details										
Date	Time and place commenced	Time and place finished	Method (please tick)				Cost of trip	Cost of Parking	Kms travelled	Reasons for travel (e.g. doctor
			Bus	Train	Taxi / Uber	Car	(if not by car)		(private car travel only)	appointment)
						Total:				