

Application for reimbursement of approved treatment, care and support expenses



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 scan (or photograph) this form and your receipts and email to your Support Planner or requests@niis.qld.gov.au, or return to: NIISQ Agency, GPO Box 1391, Brisbane, Qld 4001.

Participant details

Date

Case number

Participant name

Payment to be made to: Participant

Other

Name of person seeking reimbursement (if not Participant)

Relationship to Participant (if not Participant)

Phone

Mobile

Email

Confirm bank account details:

Please use the bank account details previously provided to the NIISQ Agency.

This is the first time I have made a request for reimbursement, or my bank account details have changed.

You will need to complete a NIISQ Bank Details form so we know which account to reimburse the funds to. This form can be obtained from our website, or alternatively, you can request this form from your Support Planner.

Request for reimbursement submitted by

Name

Date

Acknowledgment

I confirm that the information given on this form is true 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.

Details of treatment, care and support expenses for reimbursement

* supporting receipts or tax invoices must be attached

Date	Brief Description	Amount	Receipt attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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		Total:	\$