

DIRECTIONS TO MEDICAL PRACTITIONER/CHIROPRACTOR/HOSPITAL

1. The **EMPLOYER'S INJURY ON DUTY NOTIFICATION CARD** can be accepted for the same purpose as the (W.CL 2B). It is used by selected employers as part of a pilot project for telephone reporting of accidents.
2. Only the Compensation Commissioner shall decide whether liability in respect of an accident should be accepted in terms of the provisions of the Act.
3. If liability is not accepted by the Compensation Commissioner medical expenses cannot be paid from the Compensation Fund.
4. Medical practitioners/chiropractors are referred to the introduction to the handbook issued by the Compensation Commissioner especially paragraphs 4 and 5 in regard to medical reports which are required.
5. The **FIRST MEDICAL REPORT (W.CL.4)** must be completed in duplicate and care must be taken to ensure that the claim number, full names of the employee and the employer as shown on this card, appear thereon. The original must be sent to the employer as soon as possible while the duplicate must be kept by the medical practitioner/chiropractor or hospital together with this form.
6. Only if the claim number is available a copy may also be sent to the Compensation Commissioner.
7. If the employee suffered a serious injury and will not be able to resume duty for some months, regular monthly. Progress Medical Reports (W.CL.5) must be submitted. As soon as the employee's condition becomes stabilised, the Final Medical Report (W.CL.5) must be furnished.
8. The medical practitioner/chiropractor or hospital must send a specified account to the employer. If the account is still unpaid after 2 months this form together with the duplicate **FIRST MEDICAL REPORT (W.CL. 4)** and specified account must be sent under cover of an Enquiry Regarding Unpaid Account (W.CL.20) to

THE COMPENSATION COMMISSIONER
P.O. BOX 955
PRETORIA
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