

## SCHEDULE • BYLAE

## TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2018

## TARIEWE TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRIL 2018

## GENERAL RULES GOVERNING THE TARIFF

## ALGEMENE REËLS VAN TOEPASSING OP DIE TARIEF

- 001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee. • Tensy vroegetydige reëlings (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiefoeie.
- 002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged. • In uitsonderlike gevalle, waar die fooi uitermatig laag is in vergelyking met die diens deur die praktisyn gelewer, is hoër gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gehef word.
- 003 The service of an occupational therapist shall be available only on written referral by a medical practitioner. • Die dienste van 'n arbeidsterapeut sal alleenlik beskikbaar wees na skriftelike verwysing deur 'n mediese praktisyn.
- 004 In cases of out-patients, all treatment sessions will need pre-authorisation. The Occupational Therapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation.
- 005 **The Occupational Therapist must provide an updated Rehabilitation Report, including outcome based measures, with a referral from a medical practitioner including the need for further treatment sessions. Such treatment should be authorised by the Compensation Fund.**
- 006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable. • "Na-uurse behandeling" beteken dié noodbehandeling wat geskied in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae. Vir alle behandelings ooreenkomstig hierdie reël geld die volle tarief vir die behandeling plus 50 persent. Hierdie reël sal vir alle behandelings geld, of die behandeling by die praktisyn se spreekkamers, by 'n verpleeginrigting of by 'n private woning toegepas word (lg. alleenlik wanneer die pasiënt se toestand dit genoodsaak). Na die betrokke tariefkode moet wysiger 0006 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.
- 008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate codes to show this rule is applicable. • Bystands- of kunshulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike tariefkode aangehaal word, om aan te dui dat hierdie reël van toepassing is.

- 009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable. • Die koste van die materiaal gebruik in die konstruksie van ortoses sal gehêf word soos per Aangangsel "A" en drukkledingstukke sal gehêf word soos per Aangangsel "B" vir die toepaslike kledingstukke. Wysiger 0009 moet na die toepaslike kodes aangehaal word om aan te dui dat hierdie reël van toepassing is.
- 010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable. • Die koste van die materiaal wat tydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike tariefkodes aangehaal word, om aan te dui dat hierdie reël van toepassing is.
- 011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.30 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.30 = R62.70  
Waar die arbeidsterapeut behandelingssessies buite die spreekkamer uitvoer moet vervoerkoste soos volg bereken word: R3.30 per km vir elke kilometer in eie motor bv. 19 km totaal = 19 X R3.30 = R62.70
- 012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned. • Die arbeidsterapeut moet die rekening ten opsigte van behandeling aan die betrokke werknemer se werkgewer stuur.

Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.

#### MODIFIERS GOVERNING THE TARIFF • WYSIGERS VAN TOEPASSING OP DIE TARIEF

- 0006 Add 50% of the total fee for the treatment. • Voeg 50% van die totale fooie van die prosedure by.
- 0008 Aids or assistive devices should be charged at cost. • Bystands- of kunshulpmiddels moet teen kosprys gehêf word.
- 0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B". • Materiaal vir ortoses of drukkledingstukke moet gehêf word soos per Aangangsel "B".
- 0010 Materials used in treatment should be charged at cost. • Materiaal gebruik vir behandeling moet teen kosprys gehêf word.
- 0011 Travelling cost: as indicated in Rule 011. • Vervoerkoste: soos aangedui in Reël 011.
- 0012 A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice. • 'n Volledige verslag oor die werksevaluering met handtekeninge van die werkgewer en die beseerde werknemer moet die rekening vergesels na die Vergoedingskommissaris.
- 0014 Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

**Note: Monetary value of one unit = R10.19 • Let Wel: Geldwaarde van een eenheid = R10.19**

## OCCUPATIONAL THERAPY GAZETTE 2018

2018 Tariff excluding VAT - 2018 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

## CONSULTATION PROCEDURES. KONSULTASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2018
101	First consultation ( 5-15 min) Eerste konsultasie ( 5-15 min) Charged once.	60	611.40
108	Followup consultation ( 15-30 min) Opvolg konsultasie ( 15-30 min) May be charged twice only per week.	15	152.85
109	Followup consultation ( 30-60 min) Opvolg konsultasie ( 30-60 min) May be charged up to four times per week	30	305.70

## EVALUATION PROCEDURES • EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
201	Observation and screening • Observasie en skandering. May be charged at every treatment session as clinically appropriate	10	101.90
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect) Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek). May be charged once per week as clinically appropriate	7.5	76.43
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) Spesifieke evaluasie van wanfunksie van een gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sowel as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	229.28
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated) • Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte geëvalueer) May be charged once per three months as clinically appropriate	45	458.55
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspect assessed) • Spesifieke in-diepte evaluasie van sekere funksies wat die persoon in geheel affekteer (spesifiseer die aspekte geëvalueer) May be charged once per three months as clinically appropriate	75	764.25

## MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	Measurement for designing a static orthosis • Opmetering vir ontwerp 'n Statiese ortose	10	101.90
215	Measurement for designing a dynamic orthosis • Opmetering vir ontwerp 'n Dinamiese ortose	10	101.90
217	Measurement for designing a pressure garment for one limb orthosis • Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	101.90
219	Measurement for designing a pressure garment for one hand orthosis • Drukkledingstuk vir een hand	10	101.90
221	Measurement for designing a pressure garment for the trunk orthosis • Opmetering vir ontwerp drukkledingstuk vir die romp	10	101.90
223	Measurement for designing a pressure garment for the face (chin strap only) • Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	101.90
225	Measurement for designing a pressure garment for the face (full face mask) orthosis • Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker) The whole body or part thereof will be the sum total of the parts • Die hele liggaam of deel daarvan vorm die totaal van die dele	10	101.90

<b>PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
301	Group treatment for five (5) or more patients in a task centred activity · Groepbehandeling vir vyf (5) of meer pasiënte in 'n taak-gesentreerde aktiwiteit. Each group session to be specified may be billed more than once per day	20	<b>203.80</b>
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	20	<b>203.80</b>
307	Simultaneous treatment of two to four patients, each with specific problems utilising individual activities · Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	48	<b>489.12</b>
<b>INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED) • INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPELISEER WORD)</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
309	On level one • Op vlak een (15min )	12	<b>122.28</b>
311	On level two • Op vlak twee (30 min )	24	<b>244.56</b>
313	On level three • Op vlak drie (45min )	36	<b>366.84</b>
315	On level four • Op vlak vier (60 min )	48	<b>489.12</b>
317	On level five • Op vlak vyf (90 min )	72	<b>733.68</b>
319	On level six · Op vlak ses (120 min)	96	<b>978.24</b>

PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE			
CODE KODE	DESCRIPTION	U/E	U/E
321	Work evaluation - . This includes an assessment of the inherent demands of the job and the patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	80	815.20
323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patient to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstances, further motivation may be made to the CC.	40	407.60
325	Reports - To be used only when reporting on work assessments. Vir gebruik slegs vir rapportering oor werk evaluasies.	Verslae - 22.14	225.61

**DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSURE GARMENT) • ONTWERP EN VERVAARDIGING VAN 'N AANPASSINGS- OF HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK VIR BEHANDELING IN 'N TAAK-GESENTREERDE AKTIWITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)**

CODE KODE	DESCRIPTION	U/E	RAND
403	On level one • Op vlak een	12	122.28
405	On level two • Op vlak twee	24	244.56
407	On level three • Op vlak drie	36	366.84
409	On level four • Op vlak vier	48	489.12
411	On level five • Op vlak vyf	60	611.40
413	On level six • Op vlak ses	72	733.68
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	60	611.40
417	Designing and constructing a dynamic orthosis • Ontwerp en vervaardiging van 'n dinamiese ortose	120	1222.80

**DESIGNING AND MAKING A PRESSURE GARMENT •  
ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK**

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	60	611.40
421	Face (chin strap only) • Gesig (kenriem alleenlik)	45	458.55
423	Face (full face mask) • Gesig (volle gesigsmasker)	60	611.40
425	Trunk • Romp	90	917.10
427	Per hand • Per hand	90	917.10
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% the fee for any additional garments on the same pattern. Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

## ANNEXURE A • AANHANGSEL A

	<b>MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS</b> <b>WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE</b>	<b>COST</b> <b>(VAT</b> <b>exclusive)</b> <b>KOSTE</b>  <b>(BTW</b> <b>uitgesluit)</b>
		2018
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	38.78
502	Static PIP extension / flexion • Statiese PIP ekstensie / fleksie	38.78
503	Dynamic PIP extension / flexion • Dinamiese PIP ekstensie / fleksie	128.28
504	Hand based static finger extension / flexion • Hand gebaseerde statiese vinger ekstensie / fleksie	193.07
505	Hand based static thumb abduction / opposition / flexion / extension • Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	193.07
506	Hand based dynamic finger extension / flexion • Hand gebaseerde dinamiese vinger ekstensie / fleksie	270.14
507	Hand based dynamic thumb flexion / extension / opposition • Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	270.14
508	Wrist extension / flexion (static or dynamic) • Pols ekstensie / fleksie (staties of dinamies)	289.95
509	Full flexion glove • Volle fleksie handskoen	369.96
510	Forearm based dynamic finger extension / flexion • Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	463.05
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	539.63
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	539.63
513	Elbow flexion / extension • Elmoog fleksie / ekstensie	643.05
514	Shoulder abduction • Skouer abduksie	1028.87
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	553.22
516	Soft neck extension (static) • Sagte nek ekstensie (staties)	180.15
517	Static knee extension • Statiese knie ekstensie	1027.89
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1204.61
519	Buddy strap • Buddy band	37.81
520	DIP / PIP flexion strap • DIP / PIP fleksieband	43.85
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksieband	48.76

## ANNEXURE B • AANHANGSEL B

## MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS

## WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE

	Indicate all parts of the pressure garment separately. Dui alle dele van die drukkledingstuk apart aan.	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2018
601	Glove • Handskoen	83.96
602	Forearm / upper arm sleeve • Voorarm / boarm mou	111.43
603	Full arm • Volle arm	167.56
604	Foot • Voet	195.85
605	Below knee (lower leg) • Onder knie (onderbeen)	133.85
606	Above knee (upper leg) • Bo knie (bobeen)	200.94
607	Chin strap • Ken band	140.23
608	Head (face mask) • Kop (gesigsmasker)	268.51
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	402.85
610	Finger sock • Vingerkous	18.51
611	Brief • Broek	334.79

## ANNEXURE B • AANHANGSEL B

## OCCUPATIONAL THERAPY REQUEST FOR WHEELCHAIRS &amp; ASSISTIVE DEVICES

Claim number		
Name		
Identity Number		
Address		
		Postal code:
Name of Employer		
Address		
		Postal code:
Date of accident		

## MOTIVATION

1. Diagnosis
  
2. Describe patient's current symptoms and functional status
  
3. Equipment currently being used
  
4. Equipment recommended
  
5. Motivation for equipment (with reference to home / work environment)
  
6. Quotes included (minimum of three)

Signature of rehabilitation service provider : \_\_\_\_\_

Practice Number : \_\_\_\_\_

Date : \_\_\_\_\_



## ANNEXURE C • AANHANGSEL C

WORK SITE ASSESSMENT REPORT  
 COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT, 1993  
 (Act No. 130 of 1993)

EMPLOYEE INFORMATION	
Employee Name:	
Identity Number:	
Diagnosis:	
Date of injury:	
Date of report:	

Company Information	
Name of company:	
Contact person:	
Address:	
Telephone number:	
Email address:	
Occupational Health Doctor and/or Nurse and contact number:	
Employer Representative:	
Designation:	

Work status	
Current Work Status:	<input type="checkbox"/> Signed off on IOD leave <input type="checkbox"/> Working in accommodated duties <input type="checkbox"/> Able to complete their own job however a number difficulties noted <input type="checkbox"/> Completing own occupation <input type="checkbox"/> Working accommodated hours <input type="checkbox"/> Signed off on other leave <input type="checkbox"/> Fit for work, but not yet returned <input type="checkbox"/> Working in a temporary alternate occupation <input type="checkbox"/> Working in permanent alternate occupation
Date returned to work - if currently working:	

Current job information	
Job title:	
The position is defined as:	<input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very heavy
Position is	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract
Normal work hours:	
Overtime hours:	
Normal safety equipment utilized:	

Job Analysis	
Job description: (A brief overview of the requirements of the job)	

Job tasks	As described by the employee	Reported difficulties - if currently working:
1		
2		
3		
4		
5		
6		

**employer COmments:**

**Inherent physical demands of the job**

**Return to work plan**

Given the employee's current physical abilities, it is considered that they are currently:	<input type="checkbox"/> Able to complete their own job <input type="checkbox"/> Complete the job, however with difficulty or lower efficiency / productivity <input type="checkbox"/> Able to work, but require accommodated duties. <input type="checkbox"/> Able to work, but require accommodated hours. <input type="checkbox"/> Is not currently able to complete the job
--	---

Anticipated return to work date:

**Agreed accommodations**

Duties agreed:	
Work days:	
Work hours:	
Breaks required:	
Tasks to avoid:	

The employee did / did not trial the above agreed accommodations during the work visit.

Additional comments:

--

NAME	TITLE	DATE	CONTACT NUMBER	SIGNATURE
CLIENT				
THERAPIST				

**INHERENT JOB ANALYSIS**

Physical Demands (where O= Occasionally (<1/3); F= Frequently (1/3 – 2/3); C= Constantly (>2/3))							
		(denotes if the item was assessed during the work visit)	General observations (Time / Reps / Loads / Distance)	Frequency throughout the day			Job Tasks (state number as listed above)
				O	F	C	
<b>Baseline requirements</b>							
		Standing					
		Sitting					
		Walking (even / uneven terrain)					
		Standing (Static / Dynamic)					
		Endurance					
		Climbing Stairs					
		Step ladders					
		Scaffold					
		Platform					
		Squatting					
		Crouching					
		Kneeling					
		Crawling					
		Trunk Rotation					
		Overhead reaching					
		Forward reaching					
		Static load					
		Heavy / repetitive lifting					
		Ground to waist					
		Waist to shoulder					
		Shoulder to above shoulder					
		Heavy / repetitive carrying					
		Repetitive pushing/ pulling					

Claim Number: -----

**REHABILITATION PROGRESS REPORT****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT**

Names and Surname of Employee \_\_\_\_\_

Identity Number \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Accident \_\_\_\_\_

1. Date of first treatment \_\_\_\_\_ Provider who provided first treatment \_\_\_\_\_

2. Initial clinical presentation and functional status \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name of referring medical practitioner \_\_\_\_\_ Date of referral \_\_\_\_\_

4. Describe patient's current symptoms and functional status \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Overall goal of treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Number of sessions already delivered \_\_\_\_\_ Progress achieved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim Number: -----

8. Number of sessions required \_\_\_\_\_ Treatment plan for proposed treatment sessions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. From what date has the employee been fit for his/her normal work? \_\_\_\_\_
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function? \_\_\_\_\_
11. **If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident ( R.O.M, if any must be indicated in degrees at each specific joint)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.**

Signature of rehabilitation service provider \_\_\_\_\_

Name( Printed) \_\_\_\_\_ Date( Important) \_\_\_\_\_

Address \_\_\_\_\_

Practice number \_\_\_\_\_

**NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.**