

Independent assessments

When your claim is accepted, you may be asked to attend one or more independent assessments as part of the claim process

The insurer handling your claim may, at times, need to collect information about your injuries to help make decisions about treatment, injury management, activities of daily living, your return to work, and to help in settling your claim.

What is the purpose of an independent assessment?

An independent assessment is an examination by a health professional in the specialty area relevant to your injuries, from someone other than the person who is treating you. An assessment may be obtained either by you or your insurer.

The assessment provides an independent opinion about your injury and treatment to help with decisions about future treatment, injury management, and your activities of daily living, including your return to work.

Depending on the severity of your injury, more than one assessment may be required over the course of your claim.

Organising a medical assessment

The medical assessment must be conducted by an independent health professional with expertise relevant to your injury.

To assist you, if you and your CTP Insurer wish to arrange a joint independent medical assessment, the Regulator has developed a Guideline for Arranging Joint Independent Medical Assessments

available on our website. Arranging a joint medical assessment can reduce the number of assessments you need to attend.

Your insurer must:

- take into account any issues that may impact your ability to attend an appointment such as disability access requirements, travel and appointment times, if you live in a remote area, and any cultural or religious issues that may require the health professional to be a specific gender
- give you at least seven business days' notice of the appointment details such as date and time, location, specialty of the health professional, documentation you will need to take with you and the reason you are required to attend
- arrange a professional translator or interpreter, at your insurer's cost, if required.

If you are unable to attend your appointment, you must give your insurer at least two business days' notice to avoid a cancellation fee.

A cancellation fee may apply if you do not attend as arranged by the insurer and provide an acceptable reason. Your insurer will tell you if you are going to be charged a fee. This amount may be deducted from any compensation payment you may receive.

Costs for independent assessments

Your insurer must pay for the cost of an independent assessment and report when they arrange the examination, or approve the examination arranged by you or your lawyer, with reasonable notice to your insurer before the proposed date of the appointment.

You can claim the reasonable costs of attending an assessment such as travel expenses and should discuss this with your insurer before the assessment.

Independent Assessment Reports

When your insurer receives the independent assessment report, they must provide you with a copy within 21 days of receipt. If you disagree dispute or do not understand any of the information in the report, you should contact your insurer.

Where can I get further information?

You can find out more about independent assessments and reports in [Regulator Rule 8](#), available on our website.