

INJURY RECOVERY INFORMATION

If you have been injured in a motor vehicle accident, the following information may help you understand the claims process in the South Australian Compulsory Third Party (CTP) Scheme and how to access funded treatment.

1. How the South Australian CTP Scheme works

The CTP Scheme is a fault-based scheme. Meaning, if you were injured in a motor vehicle accident, you may be eligible for funding for treatment or services as well as compensation if you did not cause the accident. Any compensation may be reduced if you were partially at fault.

You first need to lodge an Injury Claim Form with the CTP insurer of the vehicle at fault. It is important to include a medical certificate showing the type of injury/injuries you have sustained as a result of the accident.

If you don't know who the CTP Insurer is, you can find out the insurer of the vehicle that you believe caused your injury by using the EzyReg (<https://www.ecom.transport.sa.gov.au/et/checkRegistrationExpiryDate.do>) and select the 'Check registration expiry date' option. Or, you can phone the CTP Regulator Enquiries Line on **1300 303 558**.

If you sustain very serious injuries, your treatment, care and support may be provided by the Lifetime Support Scheme (LSS). The LSS also covers at-fault drivers. Visit www.lifetimesupport.sa.gov.au or call 1300 880 849 .

2. What you should expect from your Approved Insurer

Once you have lodged an Injury Claim Form, the Approved Insurer is required to:

- provide information and assistance to help you through the claims process;
- tell you what steps are being taken and why, to assist in the assessment and management of your claim;
- encourage you to receive early, reasonable and necessary injury recovery treatment and rehabilitation;
- pay for reasonable and necessary treatment services; and
- tell you in writing within 7 business days if treatment has been approved, partially approved or not approved;
- if partially approved or not approved, the Approved Insurer will provide you with an explanation.

3. Defining “reasonable and necessary”

Approved Insurers consider a number of factors in the decision of payment of treatment services. These include:

- is the treatment for injuries directly related to the motor vehicle accident?
- is the treatment or service likely to increase your ability to function at home and at work?
- is the treatment or service delivered by an appropriately qualified professional?
- is the service consistent with evidence-based best practices that support your injury recovery?
- are the costs reasonable for the services being provided?
- is your doctor supportive of the treatment or service being provided to you?

4. Your rights and responsibilities

It is your right to:

- be informed of the claims process, what steps are being taken by the Approved Insurer and why;
- contact the Approved Insurer if unsure of how your claim is progressing;
- choose your own treating professionals (e.g. doctor and allied health professional);
- ask your doctor if you are unsure of which provider to choose;
- tell your Approved Insurer if you have difficulty in accessing timely treatment from a provider; and
- ask questions of your doctor and/or service providers if unsure of anything.

Approved Insurers are there to help you recover from your injuries. You can do the following to help:

- keep in contact with the Approved Insurer handling your claim;
- let the Approved Insurer know if your circumstances have changed (e.g. your work status and your injury recovery progress);
- take all reasonable steps to actively participate in your treatment;
- stay optimistic and aim to return to your previous activities, such as work and leisure, as soon as practicable;
- to be confident your treatments will be paid, you should generally seek pre-approval from the Approved Insurer.

Where to find more information

The CTP Regulator's website www.ctp.sa.gov.au or call the CTP Regulator's Enquiries Line on 1300 303 558.