

Letters

Comcare regularly corresponds with employees (or their representatives), employers and service providers in regard to claims management matters. When providing determinations and other important information, Claims Managers should use the suite of template letters that are available in Pracsys. This will ensure consistency, and that all necessary information is provided to the recipient.

Where applicable, the template letters promote Behavioural Insights (BI) principles. BI principles apply subtle changes to the way information is presented in order to have impact on behaviour.

Principles contained in template letters include:

- the benefits of returning to work
- modern and 'plain talk' English to enhance comprehension
- clear setting out of content, with dot points and sub-heading
- reader understands clearly what they must do, (if applicable)
- nominate specific dates (not within 21 days, but 21 September)
- introduce evidence based social norms, e.g. people suffering similar conditions are generally able to return to work within (specified) timeframe.

The table below provides a list of the template letters available in Pracsys.

Note: For any suggested improvement to letter content, Claims Managers should first discuss with their Assistant Director, and then email the [Claims Strategy and Governance team](#).

Team	Letter template	Letter number
Asbestos Lump Sum	Section 17: Review of Claim Dependent Children	371
	Section 17: Ceasing dependant benefits at age 25	736
	Section 14/17/18: Determination: Deceased	890
	Section 14/17/18: Acknowledge Death Claim	894
	Section 50: Third Party Settlement	907
	Section 48: Third Party Settlement	908
	Section 48/50: Potential Third Party Claim	909
	Section 30/137: Lump Sum Redemption Payment	752
	Section 114: To Estate of Deceased re Overpayment	946
Disputed Claims	Section 62: Acknowledge Reconsideration Request EE	681
	Section 62: Acknowledge Reconsideration Request ER	250
	Section 62: Acknowledge Reconsideration Request SP	254
	Section 62: Time Extension for Reconsideration EE	259
	Section 62: Time Extension for Reconsideration SP	261
	Section 62: Time Extension for Reconsideration ER	732
	Section 62: Reconsideration of Own Motion	267
	Section 62: Recon of Own Motion (Intent)	782
	Section 62: Withdrawal of Reconsideration	269
	Section 62: Reconsideration Reviewable Decision	271

Team	Letter template	Letter number
	Section 62: Reconsideration Reviewable Decision	903
	Section 62: Reconsideration Reviewable Decision	682
Initial Liability	Section 14: Accept Liability	586
	Section 14: Decline Liability	588
	Section 14/15: Determination to Case Manager	589
	Section 15: Property Damage	600
	Section 14: Acknowledge Claim	608
	Section 71: Employer Statement Request	822
	Section 14/16: Medical Report Reminder	871
	Section 14/16: Medical Report/Clinical Notes Req	876
	Section 14: Investigating Newly Reported Condition	947
	Section 14: Accept Liability: Secondary Condition	948
	Section 14: Decline Liability: Secondary Condition	949
Ongoing Claims Management	Section 16: Accept Treatment	169
	Section 16: Accept Surgery	838
	Section 16/19/29: No Present Liability	145
	Section 16/29: Decline Claim	146
	Section 16/39: Accept Aid or Appliance	170
	Section 24: Acknowledge PI Claim	290

Team	Letter template	Letter number
	Section 24: PI: Hearing Loss < 88 - No Valid NOPB	840
	Section 24: PI: Hearing Loss < 88 - Valid NOPB	962
	Section 24/57: PI Medical Report Request	783
	S24/57: PI New Appt Accept Refusal to Attend	794
	Section 24: PI Accept - No Valid NOPB	185
	Section 24: PI Accept - Valid NOPB	960
	Section 24: PI Reject	186
	Section 25: PI: Interim Payment	286
	Section 58: Refusal to Deal with Claim	615
	Section 29: Household Help/Attendant Care	756
	Section 30/137: Lump Sum Redemption Payment	752
	Section 57: Medical Assessment - Empl	712
	Section 57: IME Report Request	751
	Section 57: Failure to Attend - Empl	366
	Section 58: Incapacity Payment Review	242
	Section 58: Information Request	248
	Letter Template to Employee	293
	Letter Template to Case Manager	295
	Letter Template to Service Provider	297

Team	Letter template	Letter number
	Periodic Review Form - Empl	816
	Follow Up of the Periodic Review Form - Empl	815
	Medicare Notification: Reimbursement	961
Stakeholder Support and Innovation (Incapacity Management)	Section 58: Incapacity Payment Review	242
	Section 19: Determination of Ability to Earn	743
	Section 114B: Notice and Request Super Information	897
Stakeholder Support and Innovation (Recoveries, Reconciliations, and Rehabilitations Accounts)	Return Account: Employee	528
	Return Account: Provider	762
	Return Account: Medicare/no gap payment	764
	Section 114: Write Off/Waiver	560
	Section 114: 1st Overpayment Letter	555
	Section 114: 2nd Overpayment Letter	820
	Section 114: 2nd Overpayment Letter - Debt Recovery	842
	Section 114: 2nd Final Overpayment Offset Letter	843