

## Preferred Provider Agreement

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This letter is to advise you that **AusRehab** has been nominated as the preferred service provider for the provision of occupational rehabilitation services. This nomination is effective as of

We agree to engage in a preferred service provider relationship with AusRehab for the purpose of receiving rehabilitation services for our employees.

States in which this agreement applies to:    NSW        WA

*Please send all referrals to AusRehab via either:*

Email: [office@ausrehab.com](mailto:office@ausrehab.com) | Online: [www.ausrehab.com/referrals/](http://www.ausrehab.com/referrals/)

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**Company Name:**

**ABN:**

**Policy Number:**

**Name of Company Representative:**

**Position:**

**Signature**

**Date:**