

Preferred Provider Agreement

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 | Online: www.ausrehab.com/referrals/

Company Name:

ABN:

Policy Number:

Name of Company Representative:

Position:

Signature

Date: