

David Berlusconi

From: Michael McCauley
Sent: Wednesday, 22 May 2019 2:05 PM
To: David Berlusconi
Cc: Mark Janus
Subject: RE: Matt Bennett, tore ligament in elbow and is on sick leave
Attachments: Matthew Bennet; FW: Re - Matthew Bennett

See replies below

Regards,
Michael McCauley
Service Manager
60 O'Riordan St, Alexandria, NSW, 2015, Australia
02 9332 8160 mmccauley@cityford.com.au
www.cityford.com.au

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-----Original Message-----

From: David Berlusconi
Sent: Wednesday, 22 May 2019 10:50 AM
To: Michael McCauley
Cc: Mark Janus
Subject: RE: Matt Bennett, tore ligament in elbow and is on sick leave

Hi Michael,

Last week I spoke to both an investigations officer at the insurance company and Matthew. I know this is not the case but I need to ask anyway.

- 1) did you speak to Matthew a few weeks back regarding his injury without informing me and if so, **[Michael McCauley]** I spoke with him on the day of the injury and again when he called back saying it was workers comp. I told him (based on his statement to multiple staff and myself) that pre-existing injuries are not covered by workers comp to my knowledge and I was waiting on confirmation from you on these facts. I informed emailed you on the 15/04/19, see attached.
- 3) did he tell you that the injury had nothing to do with the prior injury he sustained? **[Michael McCauley]** He did but that is completely the opposite of what he told and showed three staff members here at work before going to the doctors. I lay terms he lied. Mitchell is also willing to state that he has been moving furniture and using his injured arm with ease during this recover period.
- 4) did he give you a WorkCover medical certificate? **[Michael McCauley]** NO he did not give it to me, but the doctor sent an email which I again sent onto yourself on the 18/04. See attached.
- 5) Have you sent though the injury form - I was unable to locate one on his file to give to them? **[Michael McCauley]** Is that the form from the doctor in the attachment ? We filled in no injury form here at work if that is what you are asking.

During my last conversation with them last week, they said they would call back with a determination. Which they have not done yet. Provisional liability is already accepted and they will not doubt ask me to confirm this above did not happen, can you just reply advising as such. This should speed up the process.

Regards.

David Berlusconi
Human Resources Manager
Australian Automotive Group Pty Limited
60 O'Riordan Street, Alexandria
NSW, 2015, Australia
P | +61 2 9332 8167 F | +61 2 9360 5375
M | +61 417 293 398 E | dberlusconi@aag.com.au

-----Original Message-----

From: Michael McCauley
Sent: Wednesday, 22 May 2019 8:40 AM
To: David Berlusconi
Cc: Mark Janus
Subject: RE: Matt Bennett, tore ligament in elbow and is on sick leave

Hi David,

I have not heard a beep from you about this issue. Matthew Bennett is supposed to return to work next week. I have had no answer as to whether this is workers comp or not.

Hell I haven't even seen you in months let alone hear from you. Can I get some assistance on this issue?

Regards,
Michael McCauley
Service Manager
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02 9332 8160 mmccauley@cityford.com.au www.cityford.com.au

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-----Original Message-----

From: David Berlusconi
Sent: Sunday, 28 April 2019 8:00 AM
To: Michael McCauley
Subject: RE: Matt Bennett, tore ligament in elbow and is on sick leave

Hi Michael,

What is this meeting about?

Regards
David Berlusconi

HR Manager

From: Michael McCauley

Sent: Friday, 26 April 2019 3:08 PM

To: David Berlusconi

Subject: Matt Bennett, tore ligament in elbow and is on sick leave

When: Wednesday, 17 April 2019, 12:00 AM to Thursday, 9 May 2019, 12:00 AM.

Where: Alexandria

Matthew just called and advised his doctor has given him leave until 8th may.

David Berlusconi

From: Michael McCauley
Sent: Thursday, 18 April 2019 12:14 PM
To: David Berlusconi
Cc: Mark Janus
Subject: FW: Re - Matthew Bennett
Attachments: Bennett,Matthew (2).pdf; Bennett,Matthew.pdf

Just received these.

As I stated Matt stated in front of myself and Blake Potter that his injury was an old sporting injury as he knew exactly what had happened as it was the saem as when he hurt it.

He then repeated that same story to Danny Varga on the way to the doctors.

I have told him Existing injuries are not covered by workers comp. Please address this ASAP on your return to work. Maybe also reply to the Doctor Surgery also.

Regards,

Michael McCauley

Service Manager

60 O'Riordan St, Alexandria, NSW, 2015, Australia

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From: eastgardensmed2@tpg.com.au [mailto:eastgardensmed2@tpg.com.au]
Sent: Thursday, 18 April 2019 10:30 AM
To: Michael McCauley
Subject: Re - Matthew Bennett

Rosemary Di Santo

Senior Receptionist

EASTGARDENS MEDICAL CENTRE

Westfield Eastgardens Shopping Centre

152 Bunnerong Road

Eastgardens

NSW 2036

Phone: 9344-7122

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Eastgardens Medical Centre

(Persac P/L T/as ABN:90-003-779-235)

Shop 131, Westfield Shopping Centre

152, Bunnerong Road

EASTGARDENS, NSW 2036

Phone:(02) 9344-7122

Fax: (02) 9344-6649

City Ford
60 O'riordan Street
Alexandria NSW 2015

Issue Date: 18/04/2019

Invoice Number: 58571ROSE

TAX INVOICE

Reference Details: Date of Injury - 15/4/2019 - Pre - Existing Injury - Right Biceps Muscle Partial Tear

Service Provider: Dr. A.Patwardhan Provider No: 0075107A

Patient Name	Visit Date	Item No	Description	Fees	GST
BENNETT Matthew	17/04/2019	AA020	LEVEL B CONSULTATION	\$81.00	\$0.00
Total Excluding GST				\$81.00	
Total Including GST				\$81.00	
TOTAL OUTSTANDING				\$81.00	

**** PLEASE PAY ON THIS INVOICE. WE DO NOT SEND STATEMENTS. ****

***** PAYMENT TERMS NETT 30 DAYS FROM DATE OF VISIT *****

PAYMENT OPTIONS:

CHEQUES: PLEASE MAKE CHEQUES PAYABLE TO
EASTGARDENS MEDICAL CENTRE

PAY BY EFT : BSB 082-282 ACCOUNT NO 04-706-9558
BANK: NAB-MASCOT

****** PLEASE DON'T FORGET TO SEND YOUR PAYMENT DETAILS BY ONE OF FOLLOWING METHODS ENABLING US TO ASSIGN YOUR PAYMENT CORRECTLY. ******

- 1) FAXING REMITANCE ADVICE TO (02) 9344-6649
- 2) EFT -- INCLUDE INVOICE NUMBERS IN REFERRANCE FIELD
- 3) E-MAIL YOUR REMITANCE ADVICE TO eastgardensmed1@tpg.com.au

PLEASE UPDATE YOUR RECORDS AS OUR EMAIL CHANGED.

Eastgardens Medical Centre

(Persac P/L T/as ABN:90-003-779-235)

Shop 131, Westfield Shopping Centre

152, Bunnerong Road

EASTGARDENS, NSW 2036

Phone:(02) 9344-7122

Fax: (02) 9344-6649

City Ford
60 O'riordan Street
Alexandria NSW 2015

Issue Date: 15/04/2019

Invoice Number: 58135ROSE

TAX INVOICE

Reference Details: Date of Injury - 15/4/2019 - Pre - Existing Injury - Right Biceps Muscle Partial Tear

Service Provider: Dr. A.Patwardhan Provider No: 0075107A

Patient Name	Visit Date	Item No	Description	Fees	GST
BENNETT Matthew	15/04/2019	AA030	LEVEL C CONS	\$148.00	\$0.00
BENNETT Matthew	15/04/2019	WC001	CERTIFICATE FEE	\$47.30	\$4.73
Total Excluding GST				\$195.30	
Total Including GST				\$200.03	
TOTAL OUTSTANDING				\$200.03	

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PAYMENT OPTIONS:

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EASTGARDENS MEDICAL CENTRE

PAY BY EFT : BSB 082-282 ACCOUNT NO 04-706-9558

BANK: NAB-MASCOT

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PLEASE UPDATE YOUR RECORDS AS OUR EMAIL CHANGED.

Certificate of capacity/ certificate of fitness



State Insurance
Regulatory Authority

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

☐ Tick if this is the initial certificate for this claim

Section 1: To be completed by the injured person or treating medical practitioner

First name Matthew	Last name Bennett
Date of birth (DD/MM/YYYY) 3/4/2001	Telephone number (02)9349-1531
Patient's address 17/72 Banks Ave, PAGEWOOD, NSW 2035	
Claim number	Medicare number 2550 48639 5 / 2
Occupation/job title mechanic	Employer's name and contact details (if applicable) city ford mascot

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Signature

Date (DD/MM/YYYY)

15/04/2019

Section 2: To be completed by treating medical practitioner

Medical certification

Diagnosis of work related injury/disease or motor accident related injury(ies)

R biceps muscle partial tear.

Person's stated date of injury/accident (DD/MM/YYYY)

15/4/19

Shaded areas to be completed for initial certificate only

Person was first seen at this practice/hospital for this injury on (DD/MM/YYYY)

15/4/19

Injury is consistent with patient's description of cause

☒ Yes

☐ No

☐ Uncertain

How is the injury related to work or the motor vehicle accident?

lifting heavy tyre

Detail any pre-existing factors which may be relevant to this condition or injury(ies)

First name Last name Claim number

Management plan for this period

Treatment/medication type and duration

for Ultrasound / RICE

Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant)

Capacity for activities – If the person has capacity for pre-injury work this section does not need to be completed. For all others please consider activities of daily living currently being performed

Lifting/carrying capacity

Sitting tolerance

Standing tolerance

Pushing/pulling ability

Bending/twisting/squatting ability

Driving ability

Other (please specify) eg psychological considerations, keep wound clean and dry

Next review date (if greater than 28 days, please provide clinical reasoning)

Comments

Capacity for work (please consider the health benefits of good work when completing this section). Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.

Do you require a copy of the position description/work duties? ☐ Yes ☐ No

Patient:

☐ is fit for pre-injury duties

OR

☐ has capacity for some type of work from

for hours/day days/week

OR

☒ has no current work capacity for any employment from to

If no current work capacity, estimated time to return to any type of employment

Factors affecting recovery

First name Last name Claim number

Treating medical practitioner details

I certify that I am the treating medical practitioner and I have examined this person. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

Signature

Date (DD/MM/YYYY)

15/04/2019

Name

Dr. A. Patwardhan

Address

Shop 131 Westfield Shopping Town, 152 Bunnerong Road, EASTGARDENS, NSW 2036

Telephone number

02 9344-7122

Fax number

02 9344-6649

Provider number

0075107A

☐ I agree to be the nominated treating doctor for the ongoing management of this person's injury, treatment and recovery at/return to work (tick if you consent).

Section 3: Employment declaration (not to be completed by the treating medical practitioner)

This section is to be completed by the person prior to sending to the insurer (or employer)

First name

Matthew

Last name

Bennett

☐ I have ☐ I have not (tick appropriate box)
engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature

Date (DD/MM/YYYY)

15/04/2019

David Berlusconi

From: Michael McCauley
Sent: Monday, 15 April 2019 3:08 PM
To: David Berlusconi
Cc: Danny Varga
Subject: Matthew Bennet

Hello David,

Matthew has hurt his arm today lifting tyres. He informed myself and Danny Varga it was a pre-existing condition where he had torn his bicep in his arm from playing cricket.

He has been sent home with the injury and gone to the doctors. I have just received a call from the doctors as to where to send the workers comp claim paperwork.
Pre-existing conditions aren't covered by workers comp are they?

Regards,

Michael McCauley

Service Manager

60 O'Riordan St, Alexandria, NSW, 2015, Australia

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