



Online MAT referrals

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Message board

Welcome to the first release of Q-COMP online services...

***** Alert - Self Insurers *****
MATs reports coming soon!

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New MAT referral

MAT referrals

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Referral Registration

Need registration help? Call 1300 738 197

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Lodge your referral online - step by step

Enter claim number for referral: [Continue](#)

When to refer to the MAT? ▼

What to include in referral? ▼

What not to include in referral? ▼



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Enter claim number for referral:

When to refer to the MAT? ▼

Medical assessment tribunals (MAT) consist of up to five expert medical specialists who provide a fair and independent assessment of workers' compensation medical matters. Only a workers' compensation insurer may refer a worker to a tribunal. Section 500 of the Act sets out what medical matters may be referred to the MAT. Common reasons for referral include:

- Determination of injury
- Assessment of ongoing incapacity
- Assessment of permanent impairment
- Assessment of work-related impairment at 2 years of incapacity

A referral to the MAT may be required if there are conflicting medical opinions in relation to whether employment has been a significant contributing factor to the injury or whether there is an ongoing incapacity for work as a result of a work injury.

The medical assessment tribunals may also assess any degree of permanent impairment resulting from an injury. This includes:

- disfigurement/scarring associated with an injury;
- psychiatric injuries, which in accordance with section 179 of the Act can only be assessed by the Tribunal; and
- any physical injury. However, in accordance with section 185 of the Act, if the insurer has received an assessment of permanent impairment for the injury, this must first be issued to the worker and they must disagree before it can proceed to the tribunal.

The MAT cannot assess a claimant until at least 3 months post surgery.

If you are unsure whether or not a matter can be referred to the MAT, please contact Tribunal Services on 1300 738 197 or via email to mat@qcomp.com.au.

What to include in referral? ▼

What not to include in referral? ▼



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Enter claim number for referral:

When to refer to the MAT? ▼

What to include in referral? ▼

Tribunal members make a collective decision about the worker's injury based on a clinical examination and information provided during the referral process. This information includes relevant information from the worker's claim file supplied by the insurer, and any additional information provided by the worker or their representative. To ensure the tribunal is provided with all relevant information you must include the following in your referral:

- Application for compensation / notice of claim for damages
- First and last medical certificate
- Worker claims history
- A current comprehensive specialist report (less than 6 months old) or a copy of the report assessing permanent impairment (for disagreed PI referrals)
- All relevant medical reports
- All post-operative notes
- Copies of all previous relevant claim files (even if lodged with a different insurer)

For a full list of the relevant documents required for each tribunal, please click [here](#).

Please do not forward the referral if there are reports outstanding. An appointment date will not be booked until all reports are received.

What not to include in referral? ▼

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Does this referral relate to further reference on fresh evidence - MAT review panel? Yes No

Title *	<input type="text" value="Mr"/>
Given name *	<input type="text" value="Claimant"/>
Surname *	<input type="text" value="Smith"/>
Date of birth *	<input type="text" value="09/02/1964"/>
Address line 1 *	<input type="text" value="13 Cockatoo Court"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Suburb *	<input type="text" value="HERITAGE PARK"/>
Post code *	<input type="text" value="4118"/>
At least one contact number must be supplied *	
Home phone	<input type="text" value="0730206437"/>
Work phone	<input type="text"/>
Mobile	<input type="text"/>
Email address	<input type="text"/>
Interpreter required	<input type="radio"/> Yes <input checked="" type="radio"/> No
Language	<input type="text"/>

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Does the worker have a representative?

Are there any special requirements associated with this referral?

Insurer contact for this referral

Title *

Given name *

Surname *

Position *

Work phone *

Email address *

Fax

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Does the worker have a representative?

Representative Details

Title *

Given name *

Surname *

Address Line 1

Address Line 2

Address Line 3

Suburb

Post code

At least one contact number must be supplied *

Work phone

Home phone

Mobile

Email address

Are there any special requirements associated with this referral?

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Please enter details for all injuries relating to this claim even if not for determination by the tribunal.

Injury diagnosis	Referred to MAT	
(psychological system) Anxiety/depression combined...	No	Edit Delete

[Add injury](#)

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Please enter details for all injuries relating to this claim even if not for determination by the tribunal.

Injury diagnosis	Referred to MAT	
Anxiety/depression	No	Edit Delete

[Add injury](#)

Add injury


Injury diagnosis * 

Anxiety/depression

Is this particular injury to be determined/assessed by the MAT? Yes No

Liability for this claim has been

Accepted

Date liability commenced (dd/mm/yyyy) 12/02/2012 

Has liability been administratively ceased for this injury ?

Yes No

Periods of compensation paid for total incapacity for this injury

12/02/2012 to 29/03/2012

Periods of compensation paid for partial incapacity for this injury

30/03/2012 to 15/06/2012

Periods of compensation paid for medical expenses only

16/06/2012 to 30/06/2012

Is the decision subject of an application for review?

Yes No

Has the worker been assessed for permanent impairment/permanent partial disability for this injury or for any other similar injury under another claim?

Yes No

[Cancel edit](#)

[Save injury](#)

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Injury diagnosis	Referred to MAT	
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Add injury

Add injury

Injury diagnosis * ?

Anxiety/depression

The Injury diagnosis is derived from the monthly Insurer claim data load to Q-COMP. Please update the injury diagnosis if it is incorrect.

Is this particular injury to be determined/assessed by the MAT? Yes No

Tribunal type ?

<None>

- General Medical Assessment Tribunal - Medical
- General Medical Assessment Tribunal - Psychiatric
- General Medical Assessment Tribunal - Rheumatology
- General Medical Assessment Tribunal - Surgical
- General Medical Assessment Tribunal - Thoracic
- General Medical Assessment Tribunal - Urology
- General Medical Assessment Tribunal - Vascular
- Neurology/Neurosurgical Assessment Tribunal

Periods of compensation paid for total incapacity for this injury

Periods of compensation paid for partial incapacity for this injury

Periods of compensation paid for medical expenses only

Is the decision subject of an application for review?

Yes No

Has the worker been assessed for permanent impairment/permanent partial disability for this injury or for any other similar injury under another claim?

Yes No

Cancel edit

Save injury

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

Please enter details for all injuries relating to this claim even if not for determination by the tribunal.

Injury diagnosis	Referred to MAT	
(psychological system) Anxiety/depression combined...	No	Edit Delete

[Add injury](#)

Add injury

Injury diagnosis * ?

Anxiety/depression

Is this particular injury to be determined/assessed by the MAT? Yes No

Tribunal type ?

<None>

Why is this injury being referred to the MAT?

<None>

- Application for Compensation: injury
- Application for Compensation: injury & ongoing incapacity
- Application for Compensation: injury, ongoing incapacity, PI
- Application out of Time - Special Circumstances
- Damages - Whether the worker has an injury
- Damages Fatal - injury & if injury caused workers death
- Disfigurement - permanent impairment assessment
- Gratuitous care - level of dependency

Periods of compensation paid for partial incapacity for this injury

Periods of compensation paid for medical expenses only

Is the decision subject of an application for review?

Yes No

Has the worker been assessed for permanent impairment/permanent partial disability for this injury or for any other similar injury under another claim?

Yes No

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[Save injury](#)

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Claim S11AW945275, Claimant Smith, Injury date 15/02/2012

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MAT referral relevant documents

Claim S11AW945275, Claimant Smith, Injury date 14/02/2012

Select new file to upload* 

Add document details for this file


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MAT referral relevant documents

Claim S11AW945275, Claimant Smith, Injury date 14/02/2012

Select new file to upload* 

Add document details for this file

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Document type within file is*



Document date*



This document can be released to worker?

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MAT referral relevant documents

Claim S11AW945275, Claimant Smith, Injury date 14/02/2012

Select new file to upload* ?

Add document details for this file

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Document type within file is*

Worker claim history (injury payment profile report) ▼

Document date*

--- Required ---

This document can be released to worker?

Worker claim history (injury payment profile report)

Application for comp

First medical certificate

Last medical certificate

--- Other documents ---

Specialist medical

Other medical/allied health

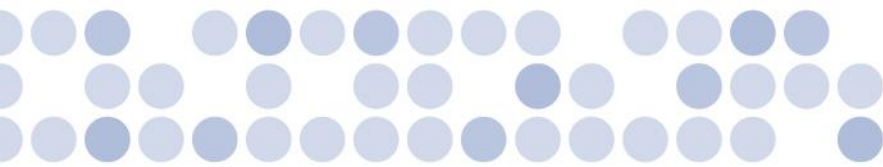
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New MAT referral

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Questions?

Contact:

Tracy Cook 3020 6457

Tammy Manderson 3020 6350