Australian Government

Comcare

MULTIPLE CLAIM CASE CONFERENCE REQUEST FORM

(For single claim case conference, see *Case conference request form*)

Date	/ /
Requester name	
Contact number	
Agency	
Primary goal for case conference/reason for request	

Name/claim number	Issue for discussion *(Describe the issue or concern to be discussed)*

No more than 10 cases

Please email form to: general.enquiries@comcare.gov.au with cc to: IMAS.Help@comcare.gov.au