

Counsellors' Guide to Completing the ACC45 Injury Claim Form For a Sensitive Claim (as at October 2003)

**Parts A,B & C:
Patient Information**

Please also give previous surname if changed in the past few years.

Accurate name, address and date of birth information enables ACC to link new claims to previous claimant records.

ACC collects ethnicity data to ensure that it can provide services that are culturally appropriate.

When did the incident happen – if exact date not known, the year will be acceptable.

Location details, did this sexual event occur in New Zealand? Indicate in the tick box. Provide specific location details if known.

Please provide either Schedule 3 (see over) event number or a description of the incident/s.

Occupation information helps ACC to estimate the impact of injuries on individuals in particular occupations.

ACC needs this information even if this is not a work injury.

The employer name & address is required if the claimant needs time off work.

The form must be signed and dated before it can be accepted by ACC.

Check if this is a safe address for ACC to write to.

ACC calls many claimants. Accurate information assists in making contact quickly. Indicate here if no phone contact is requested by claimant.

Please tick one box

Employers pay for work claims (including claims for shareholder employees).

Self-employed people pay for work claims to the self-employed.

The government pays for claims from people who are not in employment.

Earners pay for non-work claims (e.g. home, sport) from employees, self-employed & shareholder employees.

The patient signature, in conjunction with the patient declaration on the reverse of the form, authorises the provider to lodge the claim with ACC and to release information to ACC and its agents.

Authorised representative details must be given if signing for/on behalf of claimant.

Must be signed by an authorised representative or parent/guardian.

**Part E completed by
GPs only**

Please provide a diagnosis of the mental injury that has arisen from the Schedule 3 event. ACC requires one or more diagnosis codes using Read, ICD9 or ICD10 (please indicate which one is used) or you may write the diagnosis eg "depression".

See the address on the back of this form for Sensitive Claims.

Tick "Yes" if you want an ACC case manager to call you about the claim.

Please write clearly your ACC Provider number, name, signature & date. This must be completed before the form can be accepted by ACC.

Quote this ACC45 Claim Form number if you call ACC about this claim.

NHI Number, if known.

Tick "Yes" if the patient will need further assistance from ACC such as home help or case management. Tick "No" if the patient just needs simple medical or referred treatment without other assistance from ACC.

National Provider Index not yet required.