



Request for prior approval: Transport and accommodation assistance

"This form can be completed by a claimant, a family member, case manager, or rehabilitation provider to request prior approval for transport and/or accommodation assistance.



IMPORTANT INFORMATION: Before completing this form, it is important that you read the Fact Sheet: *Travel to treatment or rehabilitation*. This outlines the assistance you may be eligible for. You will need to attach medical confirmation that this transport is needed because of the nature of your injury.

Please tick the service(s) required

- | | | | |
|--------------|--------------------------|----------------------|--------------------------|
| Air travel | <input type="checkbox"/> | Accommodation | <input type="checkbox"/> |
| Other travel | <input type="checkbox"/> | Escort costs | <input type="checkbox"/> |
| | | Support person costs | <input type="checkbox"/> |

ACC office details

Branch:

Case Manager:

Phone no.: Fax no.:

Claimant details

Claimant full name:

Address:

DOB: Claim number: Date of Injury:

Injury details:

.....

Request details

Reason(s) for requesting transport (including support person/escort) and/or accommodation assistance:

	Rehabilitation/treatment details	Type of transport and accommodation requested and the reason for this request	Proposed date/s or duration of travel and accommodation
1.			
2.			
3.			

Name of place where rehabilitation is to be provided (e.g. work, rehabilitation facility, clinic)

.....

Address

.....

Phone no: Fax no

Name and title of person making this request (parent, rehabilitation provider, case manager, assessor)

.....

Address

.....

Phone no: Fax no

Request for prior approval from ACC

Signed : Relationship to claimant: (If applicable)

Name: Date of request:

Office Use Only

Approved in full by ACC (Details to be conveyed in a decision letter to the claimant).

Approved in part, with the following modifications (Details to be conveyed in a decision letter to the claimant).

1.....

2.....

3.....

Declined for the following reason(s) (Details to be conveyed in a decision letter to the claimant).

1.....

2.....

3.....

Name:..... **Signed:**.....

Position:..... **Date:**.....

ACC Address:

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.