Complete this form to request ACC funding for equipment still needed by clients more than six weeks after their acute discharge, emergency department attendance or elective surgery admission.

Email: [Claimsdocs@acc.co.nz](mailto:Claimsdocs@acc.co.nz), at least two weeks before the initial six-week period has ended.

If you have any provider queries, contact us on: 0800 222 070. Any claims specific queries, contact us on 0800 101 996.

|  |  |  |
| --- | --- | --- |
| 1. Client details | | |
| Client name: | Date of birth: | ACC45 number: |
| Claim number: | NHI number: | Phone number: |
| Address: | | |

|  |  |  |
| --- | --- | --- |
| 2. Hospital details | | |
| Hospital: | Contact name: | Role: |
| Phone number: | Email: | |
| Date of client’s acute discharge: | Additional comments: | |
| Signature: | Date: | |

|  |  |
| --- | --- |
| 3. Decision | |
| ACC recovery team member: | ACC Recovery Team: |
| Phone number: | Email address: |
| Equipment decision:  Approved  Declined (no cover)  Declined (outside of timeframe, see below) | |
| Additional comments: | |
| Signed: | Date: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4. Equipment details | | | | | | |
| Hospital to complete | | | ACC to complete | | | |
| Equipment | Code | Cost (Inc GST) | Tick if not required | Date item will be replaced (please remove hospital item) | Purchase order number to invoice ACC (if required) | Purchase order expiry date (date to which ACC will pay the hospital hire charge) |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| Additional comments: | | | | | | |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.