We need more time to collect all the necessary information to make a cover decision on your claim so we’re asking you to approve more time for us to make a cover decision. Please complete the form, select the option you agree to and return the form to your therapist. Your therapist will then return the form to your Recovery Partner at ACC.

|  |  |
| --- | --- |
| 1. Client details | |
| Client name: | Claim number: |

|  |
| --- |
| 2. Cover decision timeframe extension options |
| Your therapist will let you know if you need to complete this. |
| While we always try and make a decision as quickly as possible, and within the four-month timeframe, we need more time to collect all of the necessary information and review your claim. So, we’re asking you for another extension to the cover decision timeframe. Please select the option that you agree to:  I agree to extend ACC’s decision-making time by \_\_\_\_\_(days/months). The maximum time extension is 150 days/5 months extension.  or  I do not agree to an extension of time. I ask ACC to make a decision based on the information they already have available.  or  I agree to extend ACC’s decision-making time by an additional five months from the date that my current time extension ends so that they can gather the information required to make a decision on my claim. |

|  |  |
| --- | --- |
| 3. Client confirmation | |
| I confirm that my therapist has explained the purpose of this form and the options available to me. I understand the options and have selected my choice in section 2. | |
| Signature: | Date: |

|  |  |
| --- | --- |
| 4. Client representative/guardian confirmation | |
| Complete this section if you are signing the form on behalf of a client. | |
| Your name: | |
| What is your relationship to the client? | |
| Why is the client unable to sign this form? | |
| I confirm that the therapist has explained the purpose of this form and the options available to us. We understand the options and have selected our choice in section 2. | |
| Signature: | Date: |

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.