

ACC7428



# Application for approval of orthoses

Please complete this form if you are a:

- contracted physiotherapist or podiatrist under the Allied Health Services applying for orthoses over the value of \$172.50 (incl GST) per claim.
- contracted orthotist under the Orthotist Services Contract applying for orthoses over the value of \$345.00 (incl GST) per claim.
- non-contracted supplier applying for orthoses of any value.

When you have completed this form, please return it to [HnOrthotic@acc.co.nz](mailto:HnOrthotic@acc.co.nz).

## 1. Client details

Client name:	Claim number:	DOB:
Address:		
Date of consultation:		

## 2. Supplier details

Are you a contracted supplier?  Yes  No

If yes, what is your contract number:

Supplier's name:	Email address:
ACC vendor number:	
Provider number (if podiatrist provider):	

## 3. Orthoses details

Current diagnosis:

Is the condition being treated as a result of an ACC covered injury?  Yes  No

If no, do not proceed further. ACC is unable to provide funding for non-accident related conditions.

Is the orthoses covered by any other ACC contract?  Yes  No

If yes, do not proceed further. This claim will be funded under a different contract.

Is customisation required?  Yes  No

If yes, please explain why an off the shelf product is not suitable:

## 4. Description of orthoses

Service item code	Description of orthoses and brand	Quantity	Cost per item (incl GST)
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Total cost			

## 5. Attachments checklist

Please ensure you have attached the following:

- History of prior treatments, diagnostic results (incl X-Ray, MRI, CT if appropriate)
- Referral from approved medical specialist (incl GP)

## 6. Supplier declaration & signature

I declare that:

- I have made every reasonable effort to give effect to the rights and comply with the duties in the Code of Health and Disability Services Consumer's Rights.
- I have discussed the purpose of the orthoses with the client and advised why the recommended treatment is the appropriate treatment in this case.
- In my judgement the recommended orthoses is required to support the treatment plan for a condition that is the result of personal injury caused by accident.
- The information I have provided to ACC about the cost of the prescribed orthoses is true and accurate to the best of my knowledge.
- I am aware that if I provide false or misleading information to ACC, I may be prosecuted under the Accident Compensation Act 2001 and the Crimes Act 1961.

Provider name:

Signature:	Date:
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When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at [www.acc.co.nz](http://www.acc.co.nz). We use the information collected on this form to fulfill the requirements of the Accident Compensation Act 2001.