If you provide concussion services to an ACC client and they miss an appointment, fill out this form and send it to us. Please let us know within three working days. Send to: [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz).

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| --- | --- |
| 1. Provider details | |
| Provider name: | Provider number: |
| Email: | |

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| 2. ACC details | |
| ACC contact name: | Phone number: |
| Email: | |
| ACC office and address: | |

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| 3. Client details | |
| Client name: | Claim number: |
| Date of missed appointment: | |

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| --- | --- | --- |
| 4. Reason client did not attend | | |
| Please complete all sections. | | |
| Date of last attendance: | Client’s reason for not attending (if known): | |
| Please comment on any possible contributing factors. | | |
|  | | |
| How did you let the client know or remind them about the appointment? (Please tick all that apply.) | | |
| Appointment card provided | | Appointment letter |
| Phone call on day prior to appointment | | Text message on day of appointment |
| Other (specify): | | |
| How many times has the client missed an appointment for this service, including this appointment? | | |
| Will you continue with the remainder of the service?  Yes  No | | |

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| 5. Management plan |
| How will you ensure that the client attends future appointments? |
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| 6. Service request | |
| Note: There is a maximum of 1 Did Not Attend fee (service item code TBIDNA) per claim. | |
| I request approval of TBIDNA:  Yes  No | |
| Your 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.