Equipment orders under the Managed Rehabilitation Equipment Service (MRES) can be made in the Enable NZ MRES application at: [**https://mres.enable.co.nz**](https://mres.enable.co.nz).

If you are unable to access the application, please complete this form and email it to: **enable@enable.co.nz**. You can contact Enable New Zealand on 0800 362 253 (0800 Enable).

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| 1. Client details |
| Client name:       | Claim number:       | Date of birth:       |
| Home address:       |
| Home phone number:       | Other phone number:       |
| Delivery address:       |
| Postal Code:       | Email Address:       |
| Injury description or diagnosis:       |
| Outcomes to be achieved through provision of equipment:       |

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| 2. ACC Client Service staff details |
| ACC staff member:       | MRES Online Case Manager ID:       |
| ACC branch:       | ACC purchase order number:       |
| Contact phone number:       | Email address:       |

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| 3. Assessor details |
| Name:       | MRES ACC Online Assessor ID:       |
| Assessment services organisation:       | Assessment date:       |
| Contact phone number:       | Email address:       |

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| Simple list equipment items – don’t require approval |
| ACC (SIC) item code | Quantity | Description | Expected recall date | Urgent?  |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |

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| Standard list equipment items – require approval |
| ACC (SIC) item code | Quantity | Description | Expected recall date | Urgent? |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |
|       |       |       |       | 🞏 Yes |

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| Complex list equipment items – will be reviewed by the MRES supplier’s Professional Advisors |
| ACC (SIC) item code | Quantity | Description | Expected recall date | Trial required?\* | Expected trial end date | Trial extension?\*\* | Trial extension end date | Trial successful? |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |

\*Where trial of equipment is required please specify the expected trial end date

\*\* Where an equipment item has been on trial and requires a further trial extension please specify the expected trial extension date

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| Non-list equipment items – will be reviewed by the MRES supplier’s Professional Advisors |
| Product name and ref number | NZ supplier | Purchase price (GST excl.) | Expected recall date | Trial required?\* | Expected trial end date | Trial extension?\*\* | Trial extension end date | Trial successful? |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |
|       |       |       |       | 🞏 Yes |       | 🞏 Yes |       | 🞏 Yes 🞏 No |

\*Where trial of equipment is required please specify the expected trial end date

\*\* Where an equipment item has been on trial and requires a further trial extension please specify the expected trial extension date

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| Attachments – Please indicate if you have included any of the following attachments |
| 🞏 Yes 🞏 No | Assessor’s assessment report (mandatory requirement for Complex list and non-list equipment recommendations) |
| 🞏 Yes 🞏 No | Itemised quotation from the supplier |
| 🞏 Yes 🞏 No | Other relevant supporting documentation |

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| Hire equipment items – approval required – requests will be reviewed every 30 days |
| To meet the hire conditions, equipment must be:* required for a short period, generally less than two months
* of high dollar value, greater than $3000 (GST excl.)

unlikely to be reissued to another client |
| Product name and ref number | NZ supplier / quoted information | Rationale\*\*\* | Hire cost per day (GST excl.) | Expected start date | Expected collection date |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

\*\*\*Please provide rationale as to why HIRE equipment is required and ACC List equipment is unable to meet the client’s interim needs

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. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.