Complete Part A of this form to describe your patient’s situation so ACC can arrange help for their complex support needs.

When you’ve finished, please fax or email the form to your nearest ACC Short Term Claims Centre:

|  |  |
| --- | --- |
| Hamilton:  | Fax: 0800 222 891, or email: STCC-N@acc.co.nz |
| Wellington:  | Fax: 0800 181 306, or email: WSTCC705@acc.co.nz |
| Christchurch:  | Fax: 0800 222 359, or email: socialrehabccc@acc.co.nz |
| Dunedin: | Fax: 0800 633 632, or email: DSTCCNAR@acc.co.nz |

Part A – provider to complete

|  |
| --- |
| 1. Client details |
| Attach Bradmar sticker here | Authorised alternative contact details |
| Name:       |
| Telephone:       |
| Relationship:       |

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| 2. Injury details |
| ACC45 number:       | Date of injury:       |
| Hospital and ward:       | Date of discharge (if known):       |

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| 3. Reason for early notification |
| Tick those that apply |
| Client may need a long hospital stay and might need ACC entitlements while in hospital: [ ]  |
| Client may need hospital care or a complex range of supports made available on discharge and I/we want to have ACC involved early to help with planning: [ ]  |

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| 4. Other relevant information |
|       |

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| 5. Hospital contact details  |
| Person ACC should contact to discuss the client’s situation. |
| Contact person’s name:       | Telephone:       |
| Hospital and ward:       | Fax:       |
| 6. Provider signature  |
| Person who completed this form. |
| Name:       |
| Signature:       | Date:       |

Part B – ACC to complete

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| 7. ACC acknowledgement |
| Fill out the information below and email the form back to the DHB to confirm you’ve received it. |
| Date received:       |
| ACC staff member managing this claim (if known):       |
| Telephone:       |
| ACC office which will manage the claim:       |

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. 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.