ACC2303

Request for more information on dental claim

Complete this form to give ACC more information on a dental claim. When you've finished, please return this form to our centre in Dunedin or Hamilton:

ACC Dunedin Service Centre, PO Box 408, Dunedin 9054	Dndental@acc.co.nz
ACC Hamilton Service Centre, PO Box 952 Waikato Mail Centre, Hamilton 3240	Hndental@acc.co.nz

1. Client details

Client name:	Date of birth:
Claim number:	Date of injury:
Address:	

2. Injury diagnosis and pre-accident condition

Enter tooth number, and mark relevant diagnosis (multiple if applicable) and pre accident condition

	Teeth injury classification (use 191Z.)												Pre-accident condition									
Tooth number (one per line)	Enamel infraction	Enamel fracture	Enamel dentine fracture	Complicated crown fracture	Crown root fracture	Root fracture	Concussion	Subluxation	Lateral luxation	Extrusive luxation	Intrusive luxation	Avulsion	No prior damage	Prior damage due to ACC injury	Prior damage other causes	Little caries in damaged tooth	Extensive caries in damaged tooth	Minimally restored (under 1/3 coronal tooth structure replaced)	Heavily restored (over 1/3 coronal tooth structure replaced or root canal)	Previously crowned or bridged	Periodontal disease with bone loss	**Additional injury comment**

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Soft tissue					
Gingiva	How:	☐ laceration	☐ abrasion	☐ contusion	Position in mouth:
Mucosa	How:	☐ laceration	☐ abrasion	☐ contusion	Position in mouth:
Lip	How:	☐ laceration	☐ abrasion	☐ contusion	Position in mouth:
Degloving injury		(use S837.)	☐ lower labial sulcus	☐ upper labial sulcus	

Jaw / Alveolus / TMJ			
☐ Alveolar socket #	(use S02.)	☐ Alveolar process #	Teeth involved:
☐ Maxilla #	(use S02.)	☐ Mandible #	Type/position:
☐ Left side TMJ injury		☐ Right side TMJ injury	Describe specific injury:

Prosthesis damage? (use SP047.)			
Was the prosthesis being worn at the time of the injury?	☐ Yes	☐ No	
Have you sighted the denture? ☐ Yes ☐ No	Type (describe):		
If partial denture, list teeth damaged:			

Other information related to this dental injury claim				
Permanent teeth missing prior to accident?	☐ Yes	☐ No	Please list:	
Assessment of oral hygiene:	☐ good	☐ fair	☐ poor	Refer to: ACC42 form completion guide
Assessment of periodontal condition:	☐ good	☐ fair	☐ poor	
Assessment of caries activity in mouth:	☐ little/none	☐ moderate	☐ extensive	

3. Declaration and signature		
This information provided is for a claim which has cover. ☐ Yes ☐ Not sure ☐ No I confirm that to the best of my knowledge, all the information I have provided on this form is true and correct.		Business or vendor name and address (write or stamp)
Signature:	Date:	
	ACC provider number:	ACC vendor number:

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.