Please fill in this form to provide us with information about your patient's covered injury. We’ll use this information to determine whether the injury qualifies for an assessment for permanent injury compensation. Please complete a separate medical certificate for each covered injury.

If you have any questions about completing this form, please contact us on 0800 101 996. When you’ve finished, you can return this form to us using the enclosed reply-paid envelope, or you can scan and email it and any supporting documents to [PIC@acc.co.nz.](mailto:PIC@acc.co.nz.)

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| 1. Patient details | |
| Patient name: [Client full name auto] | ACC client number: [Person ID auto] |
| Address: [Additional Recipient Reference Auto], [Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto],[Post Code Auto], [Country Auto] | |

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| 2. Injury and treatment details | | |
| This section must be completed by a registered medical practitioner. We ask that you print your answers, and for each injury, please provide copies of supporting medical records in addition to your responses to the questions. | | |
| ACC claim number: | And/or ACC 45 number: | |
| Injury: | Date of injury: | |
| Is the injury above covered by ACC? | | Yes  No |
| For the injury above, is this the first time your patient has been assessed for a lump sum payment or independence allowance?  If No, please go to section 3. Reassessment. | | Yes  No  Unsure |
| Is it likely that there is impairment resulting from this injury at this time, ie loss or alteration in function of any body part, organ system or organ function (including mental injury)? | | Yes  No |
| If yes, do you expect that the impairment is permanent, ie considered unlikely to improve substantially and by more than 3% in the next year with or without medical treatment, including counselling for sensitive claims?  Note: ACC appoints a medical practitioner to evaluate permanent impairment using the American Medical Association Guides to the evaluation of permanent impairment, 4th edition and the ACC User handbook to AMA4. | | Yes  No |
| Is this impairment stable, ie the impairment is not expected to improve within the next 12 months with or without medical treatment, including counselling for sensitive claims? | | Yes  No |
| If Yes, please explain why you consider the impairment to be stable: | | |
| If No, please explain what further treatment could be provided and the steps you’re taking to provide this: | | |
| Please describe any past or future referrals, eg for surgery, x-rays, counselling, specialist or pharmacological treatments, or to allied health professionals | | |
| What form of treatment has been provided for this injury to date, and who has provided the treatment? | | |

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| 3. Reassessment | |
| Complete this section if this is a reassessment of an injury previously assessed for lump sum payment or independence allowance. | |
| Have you seen the previous impairment assessment report for this client? | Yes  No |
| Has the condition and/or the level of impairment changed since the last assessment? | Yes  No |
| If yes, what is the medical reason for the change and how has the level of the impairment changed since the previous assessment? | |

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| 4. Additional details | |
| Please attach the relevant medical records to this medical certificate.  You only need to provide copies of medical records that you haven’t previously supplied to ACC. | |
| Services we can pay for | |
| Service code | Service description |
| ACC554 | Completing the Medical certificate and providing a report (includes reviewing notes).  The rate is $31.63 (incl. GST) per 10 minutes, up to a maximum of $189.75 (incl. GST).  Please get in touch with us if you think it will take longer than one hour. |
| COPY | Photocopying (including admin tasks, eg searching, reviewing, collating and copying).  You can invoice for a minimum of 5 and a maximum of 30 pages.  Please contact us if you need to copy more than 30 pages. |
| **How to invoice ACC**  Please send your invoice via the electronic invoicing system. Include the claim number and the relevant service codes above. A purchase order is not required. | |

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| 5. Registered medical practitioner declaration and signature | |
| I have recently personally examined the patient named in section one and to the best of my knowledge the information I’ve given is accurate. | |
| Signature: | Date: |
| Name: | ACC provider number: |
| Practice address: | Provider stamp: |

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.  Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed here [acc.co.nz/privacydisclaimer](https://www.acc.co.nz/privacy/privacy-disclaimer/).