Use this form to request approval from ACC for Long Term packages, Extended Nursing, renewal of Ongoing Nursing, or to notify ACC of subsequent injuries or a client transfer from another Supplier. For more details see the Nursing Services Service Schedule and Operational Guidelines.

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| --- | --- |
| 1. Client details or attach Bradmar sticker here | 2. Provider details |
| NHI number: | Provider name: |
| Client name: | Phone number: |
| Primary claim or ACC45 number: | Email: |

|  |  |
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| 3. Supplier details | |
| Supplier name: | Vendor number: |

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| 4. Treatment summary | Date of initial consultation: |

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| 5. Request type | | |
| Nursing package/service  (complete sections 6 & 9) | Transfer of service  (complete sections 7 & 9) | Subsequent Injury  (complete sections 8 & 9) |

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| --- | --- | --- | --- |
| 6. Nursing prior approval request | | | |
| Please attach your assessment and any treatment information (e.g. treatment plan, photos) | | | |
| Long Term Nursing (NS03) | | Renewal of Ongoing Nursing (NS05) | |
| Extended Nursing (NS04) | No. of consults requested: | Start date for this request: | Expected end date: |
| Rationale: Summary of the need for the requested service | | | |

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| 7. Transfer of service | |
| Name of previous Supplier: | |
| Short Term Nursing | Medium Term Nursing |
| Reason for transfer: | |

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| 8. Subsequent injury (NS06) | |
| ACC45 number of subsequent injury: | Start date of treatment: |

|  |  |
| --- | --- |
| 9. Name and date | |
| Requester name: | Date: |

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.