Complete this form to request approval from ACC for Extended Nursing, renewal of Ongoing Nursing, to notify ACC of subsequent injuries or a client transfer from another Supplier, or to request a purchase order. For more details see the [Nursing Services Service Schedule](https://www.acc.co.nz/assets/contracts/nursing-service-schedule.pdf) and [Operational Guidelines](https://www.acc.co.nz/assets/contracts/aebc28e70b/nurse-og.pdf).

Return this form to us by email to: [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz)

|  |  |
| --- | --- |
| 1. Kiritaki (Client) details or attach Bradmar sticker here | |
| Kiritaki name: | NHI number: |
| Primary claim or ACC45 number: | |

|  |  |
| --- | --- |
| 2. Vendor/Provider details | |
| Vendor name: | Vendor number: |
| Email: | Phone number: |
| Provider name: | |

|  |  |
| --- | --- |
| 3. Treatment summary | Date of initial consultation: |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. Request type | | | |
| Request for prior approval  (complete sections 5 & 8) | Purchase order for Nursing Package  (complete sections 6 & 8) | Transfer of service  (complete sections 6 & 8) | Subsequent Injury notification  (complete sections 7 & 8) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5. Nursing Services prior approval request | | | | | | |
| Please attach your initial assessment and all clinical notes (e.g. treatment plan, wound assessment, treatment notes, photos) | | | | | | |
| Extended Nursing (NS04) | Renewal of Ongoing Nursing (NS05) | Oversight Consultation (NS07) – prior approval not required for first NS07 | | Comprehensive Nursing Assessment (NS20) | | Subsequent Injury (NS06) – prior approval required >50 treatments |
| Number of consults requested: | | | Start date for this request: | | Expected end date: | |
| Rationale: Summary of the injury-related need for the requested service | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Nursing Package purchase order request / Transfer of service | | | | |
| Reason for request: | Transfer of service | | New purchase order | |
| Short Term Nursing | | Medium Term Nursing | | Long Term Nursing |
| Name of previous Supplier: | | | | |

|  |  |
| --- | --- |
| 7. Notification of Subsequent injury (NS06) | |
| ACC45 number of subsequent injury: | Start date of treatment: |

|  |  |
| --- | --- |
| 8. Name and date | |
| Requester name: | Date: |

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.