

ACC
32

Request for prior Approval of Treatment
Additional Diagnosis Only

ACC32 Number

Section 1: Claimant Details

ACC45 Number: [REDACTED] Or Claim No: [REDACTED]
Claimants Name: [REDACTED]
Claimants Address: [REDACTED]
Date of Birth: [REDACTED] Date of Accident: 22/01/2021
Telephone: [REDACTED] Occupation: [REDACTED]

Section 2: Treatment Details

Read Codes
S570.: Sprain Cervical Spine
Treatment Profile: 16 Treatments Given To Date: 1
Additional Treatments Requested: Regulation: 0 PT02: 0 PT01: 0 PT05: 0
Additional Read Codes:

Section 3: Provider Details

Provider Name and Address: [REDACTED]
Provider Type: [REDACTED]
ACC Number: [REDACTED]
Vendor Number: [REDACTED]
Provider Telephone: [REDACTED]

Section 4: History, Examination and Diagnosis

The Initial Diagnosis
S570.: Sprain Cervical Spine (Left)

How did the injury occur?

tractioning a patients arm for 20 mins at work , developed left sided neck pain
XXX CHANGE OF INJURY DATE FROM 19 JAN TO 21 JAN 2021XX

The Current Diagnosis (include a precise description of the current condition and where appropriate the reasons for change of read code)

hypo left c5-t1

Provide a full explanation as to why you think the condition, as presented today, is related to the covered injury (a causal link needs to be established in order for ACC to consider if the condition requiring treatment is related to the covered injury)

Why has the condition not been resolved within the treatment profile trigger number/treatment limit or within the expected timeframe (include pre-existing factors)

Section 5: Current Status, Management and prognosis

List measureable goals achieved as a result of treatment to date (if the patient has been treated at your clinic).

Signs and Symptoms

Functions

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List current measurable limitations (from this injury).

Signs and Symptoms

Functions

Goals
(current, specific and measurable)

Treatment Plan
(include self-management)

Expected Timeframes
(include treatment frequency)

Recommendations for further management if treatment goals are not met?

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Section 6: Patient Declaration

I declare

- that the information (including personal details) on this form is true and correct.
- I accept that I have to take personal responsibility for my rehabilitation and treatment, and I will actively participate in this treatment plan that has been developed with my treating provider.

I authorise:

- the collection and disclosure of any information about me, to the extent necessary to determine / assess my entitlement including treatment.
- the treatment provider to lodge this request for treatment on my behalf, and I understand that funding for further treatment is subject to prior approval by ACC.

Section 7: Provider Declaration

This treatment is for the personal injury for which the claimant has cover and :

- is for the purpose of restoring the claimant's health to the maximum extent practicable, and
- the treatment is necessary and appropriate, and of the quality required, for that purpose

- I have discussed the treatment options with the client and advised why the recommendation is the appropriate treatment in this case
- I have discussed the patient declaration with the patient and the patient has authorised me to submit this form.

Examination Date: [REDACTED]

Provider No: [REDACTED]

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001 in the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.