

# Claim API User Interface

## Introduction

Support material for each API consists of:

1. The document titled “Provider API User Interface” which provides an overall context regards the service the specific API supports - see the Developer Portal, Future APIs / Provider APIs / Introduction;
2. The API itself;
3. Its Specification;
4. Its Mapping document; and
5. This document as a repository for remaining important items.

This document contains information specific to this API regards:

1. Sandpit / Test / Compliance Environment;
2. Production Environment;
3. Quirks to keep in mind;
4. Support messages for the Provider; and
5. Additional Services / Functions / Steps for the Provider.

For the latter two items, tables are provided, and each item within is classified as follows:

1. **Required** – ACC will check integration prior to go live.
2. **Recommended** – ACC have learnt, primarily from Provider feedback, that this is good for the Provider; resulting in better quality submissions & less pain for them.
3. **Optional** – Something ACC has learnt for your consideration.

## Sandpit / Test / Compliance Environment

All such terms can and are used interchangeably; internally ACC uses the term Compliance.

You can safely submit test claims in this environment; it is not linked to ACC production systems but closely mimics the production experience. eg use of a digital certificate and receipt of error messages.

When testing, you will need a series of test claim numbers; to obtain these, use the Developer Portal “Contact” and select that option.

## Production Environment

Access to production is controlled:

1. Once you have successfully completed your testing, expect ACCs representatives, Digital Operations, to put your solution through a series of tests. This is about ensuring the provider experience is as expected and ensuring data quality into ACC systems.
2. Once those tests are successfully completed a mutually agreed move to production is negotiated, and then a measured roll-out to your user-base can begin.

## Quirks

The business rules for claims and medical certificates appear different for the following situation, this is intended:

1. The claim API accepts employer details (optionally) for a patient who is not in paid employment, for instance a student or volunteer, but doesn't allow the provider to set up work capacity periods for such a patient; whereas
2. The medical certificate API doesn't ask about employment so it can be used to issue a medical certificate for the student or volunteer who needs to be accountable to others.

## Claim – Support messages for the Provider

Provided in current solutions to assist Providers understand what is expected of them by ACC. All are to be considered “Recommended”.

| Current Offering Term  | API JSON Field Name                   | Provider Support Message   |
|------------------------|---------------------------------------|--|
| <b>Patient Details</b> |                                       |  |
| Ethnicity              | Patient/Patient Details/ethnicityCode | <b>Ethnicity</b><br>Select the ethnicity that the patient most identifies with. If the ethnicity is not specified use “Other” and state their preference within “Ethnicity Description”.   |
| Employment status      | Employment/employmentStatusCode       | <b>How do you complete this field?</b><br>'Paid Employment in NZ' includes when the patient is: <ul style="list-style-type: none"><li>• An employee that pays PAYE</li><li>• An owner or part owner of a limited liability company</li></ul> 'Self Employed in NZ' includes when the patient is: <ul style="list-style-type: none"><li>• Self Employed</li><li>• Working as a Sole trader or Partnership</li></ul> These categories do not include when the patient is: <ul style="list-style-type: none"><li>• A volunteer worker (unpaid)</li><li>• An employee of an overseas company (not paying PAYE)</li></ul> Why is this important to ACC? <ul style="list-style-type: none"><li>• ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims.</li></ul> |
| Occupation             | Patient/occupationCode                | <b>The current Occupation of the Patient.</b><br>How do you complete this field? <ul style="list-style-type: none"><li>• Wherever possible, please be specific. For example, 'Dairy Farmer', rather than 'Farmer'.</li></ul>   |

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Why is it important to ACC?

- The patient's rehabilitation assistance may depend on their work tasks.
- It helps ACC assign the claim to the correct industry category for workplace accidents. This ensures accurate levy calculations.

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Usual work  
type

Employment/w  
orkTypeCode

**Usual work type**

How physical is the patient's job?

Why is this important to ACC?

The patient's rehabilitation assistance may depend on the nature of their work tasks.

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**Accident Details**

Accident  
Details

(Heading)

**ACCIDENT DETAILS**

The following are usually accepted as accidents:

- A force or resistance external to the body (such as something striking the body or the body falling onto something)
- Forceful movements of the body to avoid impact (such as ducking or twisting)
- Environment factors (such as sudden exposure to gas or toxin)

The following are not usually accepted as accidents:

- Force is only from within the body (such as a sneeze causing a rib sprain, or biting the tongue)
- Non occupational gradual process injuries (such as tendonitis developed playing tennis)
- No specific event (such as waking up with a sore neck)

As the ACC is a "no fault" scheme, injury cover and funding of treatment is not dependent on whether the injury was caused by someone (including the patient themselves).

Why is it important to ACC?

ACC must establish that the legislative criteria of an "accident" have been met in order to provide cover.

To further understand what constitutes an accident, you refer to the [ACC Legislation](#).

Link =

[http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100904.html?search=ts\\_act\\_accident+compensation\\_resel&p=1developed](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100904.html?search=ts_act_accident+compensation_resel&p=1developed)

|                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| Did the accident occur at work? | Injury/workInjury                | <p><b>Did the accident occur at work?</b></p> <p>How do you complete this field?</p> <p>The accident is a work accident if any of the following could be answered 'Yes'.</p> <p>Was the patient:</p> <ul style="list-style-type: none"> <li>• Injured while undertaking work tasks?</li> <li>• Required to be at this place for work purposes?</li> <li>• Injured while travelling to or from work in transport provided by their employer?</li> <li>• Injured when working from home?</li> <li>• Injured while travelling for their job?</li> <li>• Injured while having a rest or a meal break at work?</li> </ul> <p>To further understand what constitutes a work injury, you can refer to the <a href="#">ACC Legislation</a>.</p> <p>Why is this important to ACC?</p> <p>ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims.</p> <p>You can read more <a href="#">here</a>.</p> <p>“ACC Legislation” link = <a href="http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100918.html?search=ts_act_accident+compensation_resel&amp;p=1">http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100918.html?search=ts_act_accident+compensation_resel&amp;p=1</a></p> <p>“Here” link = <a href="http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101864.html?search=ts_act_accident+compensation_resel&amp;p=1">http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101864.html?search=ts_act_accident+compensation_resel&amp;p=1</a></p> |
| Name of employer                | Employment/Employer/employerName | <p><b>Name of employer</b></p> <p>The person, company or organisation that pays the patients wages or salary.</p> <p>How do you complete this field?</p> <p>This includes "Self" if the patient is self-employed.</p> <p>Why is this important to ACC?</p>  |

- ACC must notify the patient's employer of the accident.
- Some employers are 'Accredited Employers' who manage (and pay for) their own workplace accident claims in return for a reduced ACC levy. If you are unsure, please contact the Health Provider Helpline on 0800 222 070 or email: [providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz). Please have your provider number ready and the team will be able to search on your behalf.

|   |                                  |  |
|---|----------------------------------|--|
| Location of employer  | Employment/Employer/Address/city | <p><b>Location of employer</b></p> <p>How do you complete this field?</p> <p>Please include any information that will help ACC identify the employer such as:</p> <ul style="list-style-type: none"> <li>• Address, or</li> <li>• Phone number, or</li> <li>• Email address, or</li> <li>• Branch / Franchise location</li> </ul> <p>For example if the patient says their employer is McDonalds include the location (Manners Mall, Wellington) in the address field.</p> <p>Why is this important to ACC?</p> <p>This information helps ACC to identify the correct employer so that it can notify the patient's employer of the accident.</p>   |
| Did the accident involve a moving motor vehicle on a public road? | Injury/involves Vehicle          | <p><b>Did the accident involve a moving motor vehicle on a public road?</b></p> <p>How do you complete this field?</p> <p>A motor vehicle accident includes situations where the accident involved a moving motor vehicle and the patient was:</p> <ul style="list-style-type: none"> <li>• A driver or passenger</li> <li>• In a stationary vehicle</li> <li>• Struck by a moving vehicle</li> <li>• Travelling for work purposes</li> </ul> <p>A motor vehicle accident does not include:</p> <ul style="list-style-type: none"> <li>• Off-road use of vehicles. E.g. Falling off a dirt bike on private farm land</li> <li>• Loading/unloading or repairing a stationary vehicle. E.g. A mechanic's foot is crushed when a car jack fails</li> <li>• Non motorised vehicle only accidents. E.g. Falling off a bicycle riding down the road</li> </ul> <p>To further understand what constitutes a motor vehicle injury, you can refer to the <a href="#">ACC Legislation</a>.</p> |

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Why is this important to ACC?

ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims.

You can read more [here](#).

“ACC Legislation” link =

[http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100947.html?search=ts\\_act\\_accident+compensation\\_resel&p=1](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100947.html?search=ts_act_accident+compensation_resel&p=1)

“Here” link =

[http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101864.html?search=ts\\_act\\_accident+compensation\\_resel&p=1](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101864.html?search=ts_act_accident+compensation_resel&p=1)

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Provide details

Injury/causeOf Accident

**Provide details**

Provide details of how the accident happened.

How do you complete this section?

This free text field is to assist ACC to understand the:

- Actual mechanism of the accident
- Any external agents involved such as gas, smoke or environment.

For example:

- "Fell off a ladder" is sufficient, but not "Doing DIY".
- "Inhaled smoke in a house fire" is sufficient, but not "Difficulty breathing".

Why is this important to ACC?

ACC must determine whether the legislative criteria of an accident have been met. To further understand what constitutes an accident, you can refer to the [ACC Legislation](#).

[http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100904.html?search=ts\\_act\\_accident+compensation\\_resel&p=1developed](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100904.html?search=ts_act_accident+compensation_resel&p=1developed)

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Accident location (if outside NZ then select 'Overseas')

Injury/accident LocationCode

**Accident Location**

How do you complete this section?

Please select the city or district in which the accident occurred.

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Why is this important to ACC?  
This is collected for statistical purposes.

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## Injury Diagnosis

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|   |                                  |  |
|---|----------------------------------|--|
| This is a work related gradual process, disease, or infection claim | Injury/gradual process<br>Injury | <p><b>Is this a work related gradual process, disease, or infection claim?</b></p> <p>How do you complete this field?</p> <p>Work related gradual process, disease, or infection includes injuries sustained over time as a result of a work task or exposure in the work environment. This can include asbestosis, noise induced hearing loss, or musculoskeletal injuries.</p> <p>ACC will assess the factors in the workplace that may have contributed to the injury. In some instances input will be sought from Occupational Medicine specialists.</p> |
|---|----------------------------------|--|

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|                                      |                                    |  |
|--------------------------------------|------------------------------------|--|
| This is a claim for treatment injury | Injury/medical Treatment<br>Injury | <p><b>Was the injury caused as a result of medical treatment?</b></p> <p>Did the injury occur in the context of the patient receiving treatment from a registered health professional?</p> <p>How do you complete this field?</p> <p>This can include injury sustained:</p> <ul style="list-style-type: none"><li>• While receiving treatment</li><li>• Because of a failure to treat in a timely manner</li><li>• That is not an ordinary consequence of the treatment, taking into account the patient's circumstances.</li></ul> <p>'Medical misadventure' does not need to be demonstrated for ACC to consider a claim a treatment injury claim.</p> |
|--------------------------------------|------------------------------------|--|

Treatment injury claims will normally require specialist clinical input to determine cover.

To further understand what constitutes a treatment injury, you can refer to the [ACC Legislation](#).

Why is this important to ACC?

ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims.

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You can read more [here](#).

[http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100934.html?search=ts\\_act\\_accident+compensation\\_r esel&p=1](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100934.html?search=ts_act_accident+compensation_r esel&p=1)

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Has the patient been admitted to hospital?

Injury/admitted ToHospital

**Has the patient been admitted to hospital?**

Indicates to ACC that the patient has been admitted to Hospital as a result of their injury.

Why is this important to ACC?

Patients who have been admitted to Hospital will be contacted by ACC to determine if further rehabilitation assistance is required.

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**Fitness for work**

Fitness for work

(Heading)

**FITNESS FOR WORK**

Identifies that the patient is unable to continue their normal duties at work.

**This section should only be completed by General Practitioners or Nurse Practitioners; other Providers need to use a referral if they think the patient requires time off work.**

This section is only applicable to patients where the Employment Status is "Paid employment in NZ (includes self-employed)".

Note: One period of 'Fit for some work' capacity and one period of 'Fully unfit for work' (incapacity) may be certified on an ACC45 for a maximum combined period of 14 days.

If further restriction is required after this period, an ACC18 must be completed when the injury is reviewed.

If you wish to certify any period of incapacity prior to the date of this consultation, please submit an ACC18 including your clinical reasoning for this.

How do you complete this field?

1. Drag across the calendar to select a date range
2. Select 'Fit for some work' or 'Fully unfit for work'

For 'Fit for some work' capacity specify the restrictions that apply, either the hours worked or duties that should not be performed.

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Why is this important to ACC?

ACC will work with the patient and their employer to determine if there is work available which is able to be performed within the restrictions you have advised.

In cases where there is incapacity or restricted capacity for more than 7 days, ACC may provide earnings related weekly compensation.

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## Referral

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|          |           |   |
|----------|-----------|---|
| Referral | (heading) | A maximum of five consultations can be submitted. |
|----------|-----------|---|

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## Declaration

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|                           |                                     |   |
|---------------------------|-------------------------------------|---|
| Health practitioner index | Provider/ProviderDetails/providerID | <b>Health practitioner index</b><br>These fields are optional and may pre-populate from your patient management system. |
|---------------------------|-------------------------------------|---|

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What is the Health Practitioner Index?

The HPI is a national database holding information to identify health practitioners. The HPI comprises three separate indexes for:

- Practitioner - HPI-CPN (Common Person Number, e.g. 12ABCD)
- Organisation - HPI-ORG (e.g. GA1234)
- Facility - HPI-FAC (e.g. FB1032)

For further information you may look at the [NZ Health Information Service](http://www.health.govt.nz/our-work/health-identity/health-provider-index) website.

<http://www.health.govt.nz/our-work/health-identity/health-provider-index>

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|                    |                           |                                     |
|--------------------|---------------------------|-------------------------------------|
| ACC to contact me? | Injury/accContactProvider | <b>Do you want ACC to call you?</b> |
|--------------------|---------------------------|-------------------------------------|

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How do you complete this field?

Please indicate if you would like to discuss any aspect of this claim with ACC. These discussions might include aspects of:

- Claim management
  - Patient Contact
-

- 
- Entitlement to cover
- 
- 
- 

## Claim - Additional Services / Functions / Steps For the Provider

These are experiences that a Provider already has an expectation of as a result of using current ACC online offerings. This learning is offered for your consideration re including in the user experience you provide.

| Service /<br>Function / Step<br>in process              | API JSON Field Name | Required /<br>Recommended<br>/ Optional | Description  |
|---|---------------------|---|--|
| <b>Services</b>   |                     |   |  |
| Batching of<br>claims <b>to ACC is<br/>not to occur</b> |                     | Required                                | Send claims to ACC one at a time. Reasoning: This API is the base for ACC eventually providing an automated cover decision mechanism.  |
| Highlights of<br>mandated fields                        |                     | Recommended                             | The swagger code identifies “mandated” fields. Consider assisting the Provider to know what they must do to minimise errors when sending by providing a form of highlight to those fields. |
| Provider Support<br>Material                            |                     | Recommended                             | The vendor to incorporate this into its standard user support offering.  |
| Code sets   |                     | Required                                | Obtain all code sets from that API except SNOMED codes.  |
| SNOMED Codes  |                     | Required                                | Obtain and present all SNOMED codes accepted by ACC from the SNOMED API.   |
| Free form fields  |                     | Recommended                             | Consider advising Provider of available freeform field capacity. Providers can copy and paste content from other documents so natural field limits   |

|                               |  |             |  |
|-------------------------------|--|-------------|--|
|                               |  |             | can be breached causing an error at submission.  |
| Minimise the number of clicks |  | Optional    | e.g. Ensure cursor automatically moves to next field after Y/N buttons are selected  |
| Error messages (1)            |  | Recommended | The error messages we supply (see the Specification) go to you, the software vendor; we recommend that you pass these onto the Provider.   |
| Error messages (2)            |  | Recommended | As your Providers first point of contact re an error we recommend that there is generic error instruction provided along the lines of, 'If the API returns an error, please check this with your software vendor.' |

## Functions

|  |  |             |   |
|--|--|-------------|---|
| Unique claim identifier (in Production)  |  | Required    | Obtain a set of unique ACC claim numbers from ACC, 0800 222 070. Set up a mechanism within your system to ensure that each number is uniquely used.   |
|  |  | Recommended | A claim number is rejected by ACC if it has already been used (usually a Provider typo); consider a mechanism for your Provider to easily gain access to the next number in the sequence allocated to you by ACC. |
| Ensure content can be stored before being sent & / or mechanism to remind Provider to submit claim |  | Recommended | Providers get situations where they start a claim but can't complete it immediately. Examples: emergency in waiting room or need to do research first.  |
| <Delete> or <Cancel>   |  | Recommended | Ability for Provider to remove content loaded for ACC but not submitted. Reason = they realise that the event isn't one that is ACC supported.  |

## Patient Details

|                          |                             |             |  |
|--------------------------|-----------------------------|-------------|--|
| NHI Number               | Patient/PatientDetails/nhi  | Recommended | Both supplied to ACC & displayed for the Provider  |
| Patient Cellphone Number | Patient/Contact/mobilePhone | Required    | ACC systems currently only accept two phone numbers. Please ensure that patient cellphone number (if they have one) is submitted to ACC. |

|  |  |             |  |
|--|--|-------------|--|
|  | Patient/Contact/workPhone<br>Patient/Contact/homePhone |             | Second highest priority is a work phone number   |
| Employed /<br>Unemployed   | Employment/inPaidEmployment                            | Recommended | Reinforce use of Occupations. Note Unemployed has its own set of occupations and Overseas visitor does not require an occupation.  |
| <b>Injury Details</b>  |  |             |  |
| Has the patient<br>been admitted to<br>hospital?                     | Injury/admittedToHospital                              | Required    | Only to be made available to DHB   |
| Is 'Home Help' or<br>other assistance<br>required by the<br>patient? | Injury/assistanceRequired                              | Required    | Only to made available to DHB  |
| <b>Fitness for Work</b>  |  |             |  |
| Work capacity  |  | Optional    | An important point for your information. The following is part of the Support Message mentioned in the previous table. "This section should only be completed by General Practitioners or Nurse Practitioners; other Providers need to use a referral if they think the patient requires time off work." |
|  |  | Recommended | Use a calendar to portray incapacity options.  |
|  |  | Recommended | Display a few days before consultation as well as todays date and the following two weeks.   |
|  |  | Required    | ACC policy = claim to be used solely for the first two weeks of any incapacity. Use a message such as "You can select at most 14 days in total."   |
|  |  | Required    | Ability for Provider to have a combination of "Fully Unfit" & "Fit for Some Work" through the two weeks from accident date. Only one period of each is to be possible.   |

|   |                           |             |   |
|---|---------------------------|-------------|---|
| <Clear>   |                           | Recommended | Ability for Provider to clear what put in calendar so it can be redone.   |
| <b>Declaration</b>  |                           |             |   |
| Declaration   |                           | Required    | <p>Provider declaration wording to be presented to Provider prior to submission.</p> <p>Treatment provider declaration</p> <p>I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is the result of an accident. I also certify that the patient (or their representative) has signed the Patient Declaration and Consent and has authorised me to lodge the claim on their behalf</p> <p>(*)</p> |
| ACC to contact me?  | Injury/accContactProvider | Required    | <ol style="list-style-type: none"> <li>1. Have this as an option for the Provider.</li> <li>2. Do not print this on any printouts.</li> </ol>   |
| <b>Send a claim</b>   |                           |             |   |
| <Submit> or <Send>  |                           | Required    | Claim content sent to ACC.  |
| Acknowledgment to Provider  |                           | Required    | Minimum message to Provider is to be "ACC advise that your submission has been received, thank you."  |
| <b>Print outs for patients</b>  |                           |             |   |
| Printout options <ul style="list-style-type: none"> <li>- Patient declarations</li> <li>- Patient copy of claim</li> <li>- Employer copy of claim</li> <li>- Referral(s)</li> </ul> |                           | Required    | <ol style="list-style-type: none"> <li>1. Printouts are required.</li> <li>2. Content within print outs is required.</li> <li>3. Format is over to the vendor.</li> <li>4. Examples are provided below. <b>(*1)</b></li> </ol>  |

|  |  |          |  |
|--|--|----------|--|
|  |  | Required | Allow the Provider to print any combination of documents as they see fit                                     |
|  |  | Required | The “ACC to contact” tick-box is submitted to ACC and deliberately not printed.                              |
|  |  | Required | Ability to print again the same content at another time. E.g. Patient returns having lost the employer copy. |

## (\*) PATIENT AUTHORISATION AND DECLARATION

### Collecting Your Medical And Other Records

Why we ask for your authority to collect your medical and other records

To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- income and tax records.

In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.

We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.

For more details see ACC's privacy notice at [www.acc.co.nz/privacy](http://www.acc.co.nz/privacy).

### Patient Authorisation And Declaration

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim
- the treatment provider to lodge this claim for me.

I declare:

- that the information I have given in this form is true and correct.

Patient to sign here or legal  
guardian or representative

.....

Date

.....

Authorised representatives name

.....

Authorised representatives  
relationship to patient

.....



(\*1) Format is over to the vendor; the following is an example of what ACC seeks.

## Patient Consent (Declaration)

See above.

## Patient / ACC Copy

**Patient Copy of Injury Claim**  
Claim Number - LU06330

**Patient Details**

|                   |  |
|-------------------|--|
| Name              | Jane Test  |
| Date of birth     | 11-Jul-1972  |
| Gender            | Female   |
| NHI no.           | ABC1235  |
| Ethnicity         | NZ European / Pakeha                                     |
| Home phone        | 6445759637   |
| Home address      | 7 Takutai Street, Unit A, Parnell, Auckland              |
| Postal address    | 7 Takutai Street, Unit A, Parnell, Auckland, New Zealand |
| Employment status | Part employment in New Zealand                           |
| Occupation        | Advertising Manager                                      |
| Usual work type   | Light (frequent standing and walking required)           |

**Referral(s)**

|                  |                           |
|------------------|---------------------------|
| Referral for     | Suggested treatment       |
| Physiotherapy    | Massage daily at the neck |
| Radiology - Xray | on the neck               |

**Fitness for Work**

|                      |   |
|----------------------|---|
| Fully unfit for work | From 18/07/2017 until 23/07/2017 (6 days)           |
| Fit for some work    | From 10/07/2017 until 17/07/2017 (8 days)           |
|                      | Fit to work 4 hours per day of Sedentary work       |
|                      | Physical Restrictions: Lifting / forceful movements |
|                      | Other details: <15kg                                |

**Accident Details**

|                         |  |
|-------------------------|--|
| Accident at work?       | Yes                                      |
| Employer                | XXX                                      |
| Employer address        | YYY                                      |
| Motor vehicle accident? | Yes                                      |
| Accident date           | 10/07/2017                               |
| Location                | Lower Hutt City                          |
| Scene                   | Road on street                           |
| Spill                   | No                                       |
| Activity                | Driving or travelling in a motor vehicle |
| Accident description    | Moving motor vehicle and X0000           |

**Injury Diagnosis**

|  |      |
|--|------|
| Diagnosis code description                           | Side |
| Sprain of medial collateral ligament of knee (S541.) | Left |
| Whiplash injury (S5704)                              | Yes  |
| Diagnosis comments                                   | YYYY |

**Employment related gradual process?** No

**Treatment injury?** No

**Consultations with:** Marcus Welby, 20998

**Consultation date:** 10/06/2017

**PATIENT AUTHORISATION AND DECLARATION**  
**COLLECTING YOUR MEDICAL AND OTHER RECORDS**

**Why we ask for your authority to collect your medical and other records**

To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- income and tax records

In each case, we'll only seek records that are or may be relevant to your claim during the life of your claim.

We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.

For more details see ACC's privacy notice at [www.acc.co.nz/privacy](http://www.acc.co.nz/privacy).

**PATIENT AUTHORISATION AND DECLARATION**

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim
- the treatment provider to lodge this claim for me.

I declare:

- that the information I have given in this form is true and correct.

## Copy for the Employer

**Fitness for Work**  
Claim Reference: LU06330  
(Patient copy to present to Employer)

**Patient Details**

|                |  |
|----------------|--|
| Name           | Jane Test  |
| Date of birth  | 11-Jul-1972  |
| Gender         | Female   |
| NHI number     | ABC1235  |
| Ethnicity      | NZ European / Pakeha                                     |
| Home phone     | 6445759637   |
| Home address   | 7 Takutai Street, Unit A, Parnell, Auckland              |
| Postal address | 7 Takutai Street, Unit A, Parnell, Auckland, New Zealand |

**Fitness for Work**

|                      |   |
|----------------------|---|
| Fully unfit for work | From 18/07/2017 until 23/07/2017 (6 days)           |
| Fit for some work    | From 10/07/2017 until 17/07/2017 (8 days)           |
|                      | Fit to work 4 hours per day of Sedentary work       |
|                      | Physical Restrictions: Lifting / forceful movements |
|                      | Other details: <15kg                                |

**Injury Diagnosis**

|  |            |
|--|------------|
| Date of accident                                     | 10/07/2017 |
| Diagnosis code description                           | Side       |
| Sprain of medial collateral ligament of knee (S541.) | Left       |
| Whiplash injury (S5704)                              | N/a        |
| Diagnosis comments                                   | YYYY       |

**Treatment Provider Details**

**Marcus Welby**  
My Doctor Ltd  
52 Gladstone Road  
Parnell  
Central Auckland  
09 309 2153

## Referrals

1. Format can be that of system vendor.
2. Vendors have used the provided Patient / ACC copy of the claim for referrals because it also provides the specific message(s) to other Providers in the top right corner.