



(Note: ACC does not provide cover for damage that results from natural use of teeth or disease)

Patient to complete

PART A: PERSONAL DETAILS

Family name, First name(s), Date of birth, Home/postal address, Telephone WORK, HOME

What is your ethnic background? This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.

PART B: ACCIDENT & EMPLOYMENT DETAILS

If required, you can provide further information in answer to the following questions on a separate sheet of paper

When did the accident happen?, Accident scene, Accident location, What were you doing - what happened - how was the injury caused?, Did the accident involve a moving motor vehicle..., Occupation, Please tick those that apply:, What type of work do you do?, Did the accident occur at work?, What is the name of the business you are employed by/own?, What is the address of the business you are employed by/own?

PART C: PATIENT AUTHORISATION AND DECLARATION

Have you lodged any dental claims with ACC before?, Have you completed an Injury Claim Form for this accident with another treatment provider?, I have read and understood the Important Information and the Patient Authorisation and Declaration on the reverse of the patient copy of this form., Patient to sign here or legal guardian or representative, Authorised representative's name, Authorised representative's relationship to patient

ACC or Accredited Employer copy: Please return this form when completed to your ACC Service Centre or to the Accredited Employer (check www.acc.co.nz)

PART D: INJURY DIAGNOSIS AND PRE-ACCIDENT CONDITION

The following are checklists to help in the history taking and examination

History: When/Where/How, possible head/neck injury, pain with eating/cold, occlusion altered
Examination: Face laceration/abrasion/contusion, palpate facial skeleton/TMJ/chin
Intra-oral soft tissues gingiva/mucosa/lip, gingival crevice bleeding, sublingual ecchymosis, degloving
Teeth - fractured enamel or enamel/dentine, pulp exposed, root involved, transilluminate
- displaced degree/direction, occlusion, palpation
Tests percussion, mobility, pulp tests, radiographs

Table with columns: Tooth Number, Teeth Injury Classification (Use 191Z.), Pre-Accident Condition, Additional Injury Comment

Prosthesis damage? (Use SP047) Was the prosthesis being worn at time of injury? Yes No
Type (describe): Have you sighted the denture? Yes No

List teeth on partial denture:

Soft Tissue
Gingiva How: laceration abrasion contusion Position in mouth:
Mucosa How: laceration abrasion contusion Position in mouth:
Lip How: laceration abrasion contusion Position in mouth:
Degloving injury (Use SB37) lower labial sulcus upper labial sulcus

Jaw/Alveolus/TMJ
Alveolar socket # (Use S02.) Alveolar process # Teeth involved:
Maxilla # (Use S02.) Mandible # Type/position:
Left side TMJ injury Right side TMJ injury Describe specific injury:

Other information related to dental injury claim
Permanent teeth missing prior to accident? Yes No Please list:
Assessment of oral hygiene Good Fair Poor
Assessment of periodontal condition Good Fair Poor
Assessment of caries activity in mouth Little or none Moderate Extensive
Radiographs taken? Yes No Type: Photographic record of injury? Yes No

PART E: REFERRAL AND ASSISTANCE

Are there more extensive injuries? Yes No Not sure Is this claim for treatment injury? Yes No (if Yes, please fill in ACC2152)
Consider referral for further treatment if sign(s) of the following: bleeding from nose or ear / double vision / abnormalities when palpating face / trismus / crepitus / areas of paraesthesia / neck pain
Referred to other type of treatment provider (eg. Oral & maxillofacial surgeon, Neurologist, Orthodontist):
Rehabilitation/assistance required? (eg. case management or home help) Yes No ACC should call me? Yes No

PART F: TREATMENT PROVIDER DECLARATION

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 Authorisation and Declaration and has authorised me to lodge the claim on their behalf.
Treatment provider name (print) or stamp Provider number
Treatment provider signature Practice Vendor ID
Health Practitioner Index Date

# Important Information

## PATIENT

### You and ACC working together

This form is the first step in getting help from ACC if you have been injured in an accident. ACC does not provide cover for damage arising from disease or the natural use of teeth such as biting or chewing (this includes any foreign body contained in the food). This form collects the basic information we need about your injury to help us decide if we can provide cover. If we need more information about this claims we will contact you later.

ACC is here to help when you've suffered an injury. Once cover has been established (that means that you have an injury which ACC has accepted) we'll help towards the cost of your accident-related dental treatment. This means it's important that all the information on this Dental Injury Claim Form (ACC42) is accurate. You should also let ACC know about any change in your circumstances. The information you provide helps us to make sure you receive the right treatment and payments for this claim.

ACC will pay a fee direct to your treatment provider for your initial dental and/or medical treatment. Your treatment provider may have charged you an extra amount (surcharge) above the amount that ACC can pay. We are not able to reimburse you for that surcharge.

ACC may be able to assist you with other types of help depending on your needs. But you must apply for this assistance. Please contact us on 0800 101 996 to get our approval before you incur costs that you expect ACC to pay.

You can apply for the following types of assistance:

- medical assistance, including medical treatment, dental treatment, further courses of treatment and travel to treatment
- social rehabilitation assistance to help restore your independence, such as home help, childcare, attendant care, a wheelchair, home modification and education support
- vocational rehabilitation assistance to help you keep your job, find a new job or regain vocational independence. This support can include such things as assessments of your vocational needs, modifications to your work site, work trials and assistance with finding a new job
- financial assistance, such as weekly compensation, or lump sum compensation.

This form may be used by your employer if they are part of ACC's Accredited Employer Programme. In these cases where ACC is specified in the patient declaration, this should be read as applying to the accredited employer managing your claim.

If you would like to know more about the claims process or any other ACC service, please call 0800 101 996.

## PATIENT

### 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.



# Important Information

## TREATMENT PROVIDERS

This form is the first step for your patient in getting help from ACC if they've been injured in an accident. ACC does not provide cover for damage arising from disease or natural use of teeth, such as biting or chewing (unless it involves a foreign body, e.g. piece of stone).

Please make sure that all of the information you provide on this form is accurate, and that the patient information is completed in full. Do not complete this form if your patient has already completed a Dental Injury Claim Form (ACC42) for this particular injury. To obtain a previous claim number, please contact the ACC Provider Helpline on 0800 222 070.

Once cover is established, ACC will help towards the cost of your patient's dental treatment. ACC will not reimburse your patient for any additional charges you may make. (Note: If the patient has not yet lodged a claim for non-dental injuries sustained, they should see a GP where an ACC45 Injury Claim Form can be completed).

## ADDITIONAL INFORMATION

### Part B: Accident and Employment Details

Please note that if your patient has had a work accident you must determine whether their employer is accredited under ACC's Accredited Employer Programme. You can check the ACC website ([www.acc.co.nz](http://www.acc.co.nz)) for a list of accredited employers. If the employer is accredited you may send this ACC42 form directly to the employer or send it to ACC and we will forward it to the accredited employer. In either case, you should invoice that employer directly.

### Parts C & F: Patient and Treatment Provider Declaration

Once the form has been completed, you must ensure that these sections are dated and signed so that the patient receives cover for their injury and you receive payment.

### Part D: Injury Diagnosis and Pre-Accident Condition

ACC uses information collected in this section to obtain a picture of the state of the patient's teeth and mouth at the time of the injury. This helps ACC's assessment of cover as well as the patient's current and future dental treatment.

Generally, if the patient's injured teeth have been weakened by disease or heavily restored then ACC only pays 75% of the regulated price, (unless ACC or an insurer was liable for the previous work).

In the case of previous crowning work, if ACC or an insurer was not liable, then ACC pays only 50% of the regulated price for crowns.

The *History and Examination* section has a series of points to check against the patient's condition to help make a diagnosis. The tooth that is injured is listed first then a diagnosis of the dento-alveolar injury is made, by ticking the appropriate box. More than one diagnosis per tooth can be made (e.g. concussion and enamel-dentine fracture). A full description of this classification can be found in the *Dento-alveolar Trauma Manual* or in the *Dental Injury Claim Form (ACC42) Completion Guide*. The pre-accident condition of the injured tooth should be denoted by ticking the appropriate box. Prosthesis damage, Soft tissue injury or Jaw/Alveolus/TMJ injury diagnosis is made by ticking the appropriate circle with description where applicable.

### Part E: Referral and Assistance

If the patient shows signs of other injuries needing urgent attention, especially head injury, refer the patient for appropriate treatment immediately. Please tick the "ACC should call me" box if this was the case and if you want an ACC case manager to call you to discuss the claim.

ACC may also be able to offer your patient other types of help depending on their individual needs. If your patient is likely to require time off work, rehabilitation or entitlement assistance (other than primary medical treatment and treatment referrals) from ACC please indicate this by ticking the "Rehabilitation/Assistance Required" box. Examples of assistance available are home help, assistance with the cost of transport to treatment, weekly compensation and case management intervention to facilitate a return to work.

If you need any help in completing this Dental Injury Claim Form (ACC42), or any other ACC form, please contact our Provider Helpline on 0800 222 070.

### Claims for Treatment Injury

Please complete this ACC Dental Injury Claim Form (ACC42), a Treatment Injury Claim Form (ACC2152) and attach copies of clinical notes that support the claim if relevant.

For your information, here is a copy of the patient authorisation and declaration.

## PATIENT AUTHORISATION AND DECLARATION

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- 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 complete

PART A: PERSONAL DETAILS

Family name, First name(s), Date of birth, Home/postal address, Telephone WORK, HOME, Ethnic background options.

PART B: ACCIDENT & EMPLOYMENT DETAILS

When did the accident happen?, Accident scene, Accident location, What were you doing, Did the accident involve a moving motor vehicle, Occupation, Please tick those that apply, What type of work do you do?, Did the accident occur at work?, What is the name of the business, What is the address of the business.

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Patient copy: Please retain this copy and read the important information. For further assistance, call ACC Provider helpline on 0800 101 996.

Treatment Provider to complete

(Note: ACC does not provide cover for damage that results from natural use of teeth or disease)

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Teeth - fractured enamel or enamel/dentine, pulp exposed, root involved, transilluminate
- displaced degree/direction, occlusion, palpation
Tests percussion, mobility, pulp tests, radiographs

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