

healthLINK

BETTER PRACTICE ~ BETTER CARE



PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

New Injury Claim Form

ACC45

User Guide



| | |
|--------------------|--|
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| Author | Jenna Jacobsen |

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1 INTRODUCTION

Kia Ora and Welcome,

This document has been created to take you through the steps involved in completing the new electronic injury claim form ACC45.

The form has been specifically designed and developed to make it easier for you to do business with ACC by providing a user friendly form that's quick to complete.

It is delivered from the web but leaves the claim information in your system.

In the future ACC will refine this form based on your feedback to make it even easier and more useful.

2 ICONS USED IN THIS GUIDE

Throughout the guide you will see icons used to draw attention to a subject, action or information.



The light bulb icon indicates additional **information** that further explains the preceding section.



The exclamation icon **highlights a warning or an action** you need to take.



The 'i' icon signals information available to assist you to make a decision.

3 DEFINITIONS OF TERMS

| | |
|-----|---|
| PMS | Practice Management System e.g. My Practice |
|-----|---|

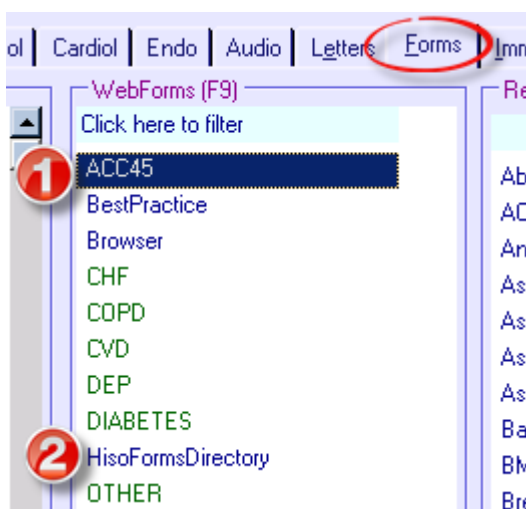
4 USING THE NEW INJURY CLAIM FORM (ACC45)

4.1 LAUNCHING THE FORM

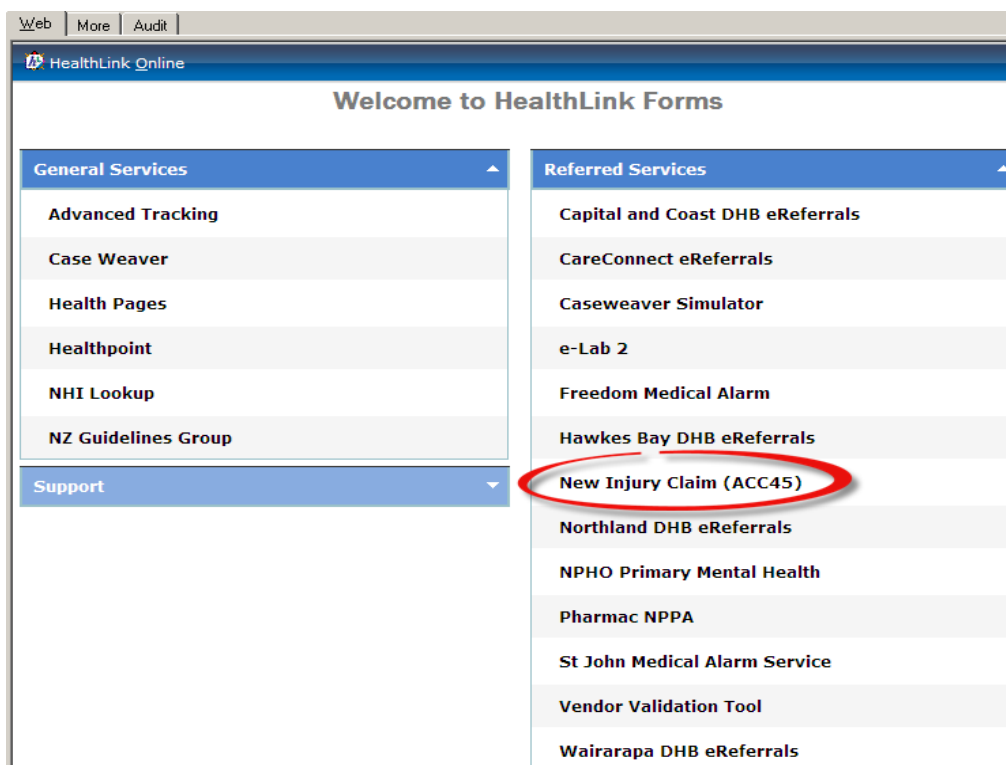
The first step is to open the patient profile in your PMS system.

There are two ways to access the form within the Forms section tab of MyPractice.

1. Click on the 'ACC45' menu item and the claim form will load up directly.
2. Click on the 'HisoFormsDirectory' you will then be presented with the Healthlink Online page. Select the New Injury Claim form ACC45 from the list displayed.



HealthLink Online page displaying the New Injury Claim form selection.




5 PRE VALIDATION



If this error screen should present add the necessary details as required. Go into your PMS and check that all the core patient details are recorded in the patient's profile. E.g. Name, date of birth, gender, contact numbers etc.

HealthLink Online

PATIENT DETAILS ARE MISSING

 The following required details are missing in your PMS:

- Patient gender is a required field

1. Add or edit details within your PMS
2. Select the 'Retry' button

6 PATIENT & ACCIDENT TAB

The Patient & Accident section has contact details for the patient, as well as information about the accident that caused the patient's injury.

6.1 PATIENT DETAILS

| New Injury Claim Form | | | | | |
|---|--|----------------|-------|---|--|
| Patient & Accident A B Sample | PATIENT DETAILS | | | | |
| Injury Diagnosis | <table border="1"> <thead> <tr> <th>Postal address</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>52 Sampley Street Sampleville Auckland New Zealand</td> <td>09 9999999 Mobile 025 0000000</td> </tr> </tbody> </table> | Postal address | Phone | 52 Sampley Street Sampleville Auckland New Zealand | 09 9999999 Mobile 025 0000000 |
| Postal address | Phone | | | | |
| 52 Sampley Street Sampleville Auckland New Zealand | 09 9999999 Mobile 025 0000000 | | | | |
| | Refresh | | | | |

ACC requires accurate patient information in order to locate the patient's records and to communicate with them. The form auto-populates patient information from the PMS. This auto-population includes the patient's name, address, and phone numbers.

- Confirm that the address and phone number are correct as ACC may need to contact the patient.
- If the details are not correct, update them in your PMS, return to the patient's new injury claim form and press the refresh button. [Refresh](#)
- Provide an alternate surname (e.g. maiden name) in brackets if the patient has changed surnames recently.
- Edit the country detail as required. If blank in the PMS this field will default to New Zealand. It is important to update this field in the event of the claim being for an overseas visitor.



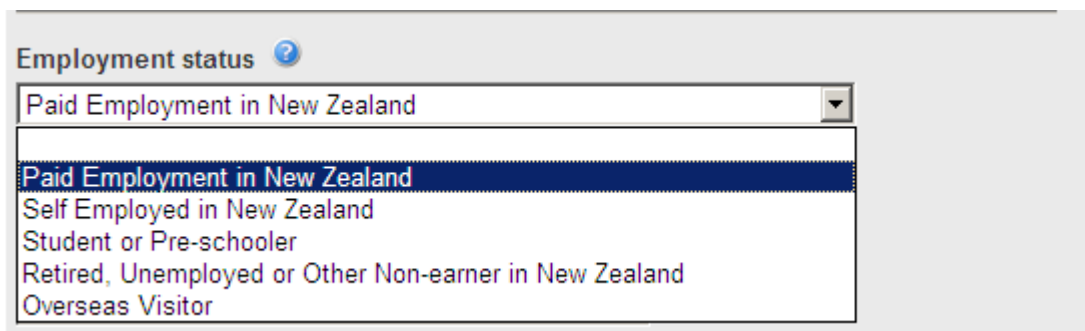
Other information from the patient record in your PMS is extracted and sent to ACC (but not displayed on the form)

This includes the patient's:

- *Date of birth*
- *NHI number*
- *Gender*
- *Ethnicity*

6.2 EMPLOYMENT STATUS

Select the **'Employment status'** for the Patient from the drop-down list.



The screenshot shows a form field titled "Employment status" with a help icon. The dropdown menu is open, displaying the following options: "Paid Employment in New Zealand" (selected), "Self Employed in New Zealand", "Student or Pre-schooler", "Retired, Unemployed or Other Non-earner in New Zealand", and "Overseas Visitor".




This information assists ACC to separate claims into accounts for earners, and non-earners.

If the patient is employed (either **'Paid employment in New Zealand'** or **'Self-employed in New Zealand'** is selected) then **'Occupation'** & **'Usual work type'** must be completed.




The screenshot shows the form fields for "Employment status", "Occupation", and "Usual work type". The "Employment status" dropdown is set to "Paid Employment in New Zealand". The "Occupation" text field contains "Tertiary Teacher". The "Usual work type" dropdown is set to "Light (frequent standing and walking required)". Red circles highlight the "Occupation" and "Usual work type" labels.

Enter **'Occupation'** details. Begin by typing the first few letters of the patient's occupation; this will generate a list of occupation titles. Select the appropriate occupation.

Employment status 

Paid Employment in New Zealand

Occupation 


tea

| |
|---------------------------------|
| Head Teacher |
| Principal Head Teacher |
| Tea Room Proprietor |
| Web Design Team Leader |
| Web Development Team Member |
| Tertiary Teaching Professional |
| Polytech Teacher |
| Technology Teacher |
| Tertiary Education Teacher |
| Tertiary Teacher |
| Secondary Teaching Professional |
| High School Teacher |

Yes No

Yes No

Select the **'Usual work type'**

Usual work type 

Sedentary (brief standing and walking required)

Light (frequent standing and walking required)


Medium (required to lift small loads/some bending)

Heavy (frequent lifting required, often over 10kg)


Very heavy (consistent lifting, often over 20kgs)


6.3 ACCIDENT DETAILS


This section gathers information about the circumstances of the ‘accident’ that led to the patient’s injury. ACC must establish that the legislative criteria of an ‘accident’ have been met in order to provide cover.


ACCIDENT DETAILS 

Accident date




Did the accident occur at work?  Yes No


Did the accident involve a moving motor vehicle on a public road?  Yes No


Was the injury caused as a result of medical treatment?  Yes No

What were you doing at the time of the accident?



How did the accident happen?





Provide details 




The ‘Accident time’ is no longer required for new Injury claims.

Did the accident occur at work?

Did the accident occur at work?  Yes No

Name of employer 

Location of employer 

- If “Yes”, the name and location of the patient’s employer are required. These will be populated from the PMS (if present). Please confirm these details with the patient as ACC must notify their employer of the accident.



The accident is a work accident if you answer 'yes' to ANY of the following questions:

Was the Patient:

- Injured while undertaking work tasks?
- Required to be at the place of the accident for work purposes?
- Injured while undertaking work tasks?
- Injured while travelling to or from work in transport provided by their employer?
- Injured when working from home?
- Injured while travelling for their job?
- Injured while having a rest or a meal break at work?

What were you doing at the time of the accident?' and 'How did the accident happen?'

What were you doing at the time of the accident?

How did the accident happen?

These questions are designed to give ACC better quality information about the accident and allow a timely cover decision.

Did the accident occur at work? Did the accident involve a moving motor vehicle on a public road? Or Was the injury caused as a result of a medical treatment?

If 'Yes' is selected for these options then default text relating to the type of accident will appear in the drop down selections. Other options can be chosen from the drop down list if they are more appropriate.

The screenshot shows a form with several sections. The first three sections are radio button questions: 'Did the accident occur at work?', 'Did the accident involve a moving motor vehicle on a public road?', and 'Was the injury caused as a result of medical treatment?'. The 'Yes' radio button for the second question is circled in red. Three red arrows originate from this circle: one points to the 'Driving or travelling in a motor vehicle' dropdown menu, another points to the 'Moving motor vehicle' dropdown menu, and the third points to the 'Accident scene' dropdown menu. Below these are a 'Provide details' text area, an 'Accident scene' dropdown menu (set to 'Road or street'), and an 'Accident location' text field (set to 'Auckland City').

'Provide details'

A close-up of the 'Provide details' section, showing a text input field with a question mark icon to its left and a scroll bar on the right.

This section allows you to provide a free text description of the accident. This information will assist ACC to understand the actual mechanism of the accident (e.g. hit head on table), and any external agents involved such as gas, smoke or environment.

7 CONSULTATION NOTES

You can complete your consultation notes as usual and these notes will be written back to the patient record in your PMS **if completed**. This will minimise the need for ACC to seek further information from you regarding the patient's injury.

The screenshot shows a web interface for a 'New Injury Claim Form'. The top navigation bar includes a logo and the text 'New Injury Claim Form' and 'APP'. The main content area is divided into several sections:

- Patient & Accident:** A B Sample
- Injury Diagnosis:** A greyed-out section.
- PATIENT DETAILS:**
 - Postal address:** 52 Sampley Street, Sampleville, Auckland, New Zealand (with a dropdown menu).
 - Phone:** 09 9999999
 - Mobile:** 025 0000000
 - Employment status:** A dropdown menu.
 - A 'Refresh' button is located to the right of the address field.
- ACCIDENT DETAILS:**
 - Accident date:** A date input field with a calendar icon.
- CONSULTATION NOTES:** A large text area on the right side of the form, highlighted with a red border.



Only record information on this form that relates to the injury claim - not unrelated health issues.

8 INJURY DIAGNOSIS TAB

The **injury diagnosis** tab collects information about the patient's injury, their fitness for work, and any further referrals required.

New Injury Claim Form
APP

Patient & Accident
A B Sample

Injury Diagnosis

INJURY DIAGNOSIS

Select side - +

Diagnosis comments (optional)

This is a work related gradual process, disease, or infection claim ?

REFERRAL

Do you want to create a referral? Yes No

FITNESS FOR WORK ?

Not applicable as the patient is not in paid employment in NZ.

DECLARATION

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 Declaration and Consent](#) and has authorised me to lodge the claim on their behalf

| | | |
|---|--|-------------------------------------|
| Consultation date | Provider name | ACC provider number |
| <input type="text" value="07/03/2013"/> | <input type="text" value="Dr X Y Test"/> | <input type="text" value="L12345"/> |

CONSULTATION NOTES ?

Patient declaration
 Patient copy of form
 Referral(s)
 Fitness for work

Page 16 of 40

Provide at least one diagnosis for the patient's (confirmed) injury or injuries. Listed below are several search behaviours you can use to locate specific Read codes in the 'Injury diagnosis' search control.

Perform a predictive search of Read codes by typing the first few characters of the diagnosis e.g. "cont" for contusion.

The search results will display a dynamic dropdown to select from with the most commonly selected Read codes presented at the top of the list.

The screenshot shows the 'New Injury Claim Form' interface. On the left, the 'Patient & Accident' section displays 'A B Sample' and a red circle with the number '1'. Below it is a blue 'Injury Diagnosis' button. The main 'INJURY DIAGNOSIS' section has a search input field containing 'cont'. To the right of the input is a 'Select side' dropdown menu and two buttons: a red minus sign and a green plus sign. A dropdown list of Read codes is displayed below the input field:

- SE41. Contusion, knee and lower leg
- SE0.. Contusion of face, scalp and neck, excluding eye(s)
- SE21. Contusion, chest wall
- SE40. Contusion, hip and thigh
- SE32. Contusion wrist or hand
- SE30. Contusion, shoulder or upper arm
- SE31. Contusion, elbow or forearm
- SE00. Contusion, forehead
- SE23. Contusion, back
- SE42. Contusion, ankle and foot, excluding toe(s)
- SE09. Contusion, scalp
- SE43. Contusion, toe

At the bottom right of the dropdown list, there are two radio buttons, both labeled 'No'.

OR

Perform a multi-word search;

The screenshot shows the 'New Injury Claim Form' interface. On the left, the 'Patient & Accident' section displays 'A B Sample' and a red circle with the number '2'. Below it is a blue 'Injury Diagnosis' button. The main 'INJURY DIAGNOSIS' section has a search input field containing 'cont knee'. To the right of the input is a 'Select side' dropdown menu and two buttons: a red minus sign and a green plus sign. A dropdown list of Read codes is displayed below the input field:

- SE41. Contusion, knee and lower leg
- SE411. Contusion, knee
- SE41z. Contusion, knee and lower leg NOS
- PE8y8. Congenital flexion contracture of knee
- N0846. Joint contracture of the lower leg
- N084a. Flexion contracture of the knee

At the bottom right of the dropdown list, there is a radio button labeled 'infection claim' with a blue question mark icon.

OR

Perform a search using Read code synonyms:

HealthLink Online

New Injury Claim Form

Patient & Accident
A B Sample

INJURY DIAGNOSIS

wrist frac

Select side

- S234. Closed fracture of radius and ulna, lower end
- S235. Open fracture of radius and ulna, lower end
- S242. Fracture at wrist and hand level
- S4C.. Fracture-dislocation or subluxation of wrist
- S4C2. Closed fracture-subluxation of the wrist
- S4C0. Closed fracture dislocation of wrist
- Syu65 [X]Fracture of other & unspecified parts of wrist and hand
- S4C3. Open fracture-subluxation of the wrist
- SC3C0 Sequelae of fracture at wrist and hand level
- S4C1. Open fracture dislocation wrist

claim

No

OR

Perform a search using the 'AND', 'OR', and 'NOT' Boolean operators:

INJURY DIAGNOSIS

ankle NOT joint

Select side

- S550. Ankle sprain
- SE42. Contusion, ankle and foot, excluding toe(s)
- S34.. Fracture of ankle
- SA1.. Open wound of knee, leg and ankle
- SA102 Open wound of ankle
- S55.. Sprain of ankle and foot
- SD604 Abrasion, ankle
- SE421 Contusion, ankle
- S4G.. Fracture-dislocation or subluxation ankle
- SE42z Contusion, ankle and foot NOS
- S342. Closed fracture ankle, lateral malleolus
- S550z Ankle sprain NOS

claim

No

OR

Perform a search using the Read code:

INJURY DIAGNOSIS

s55 **5**

Select side [v] - +

S550. Ankle sprain

S551. Foot sprain

S5504 Sprain, tendocalcaneus (Achilles tendon)

S5512 Sprain, metatarso-phalangeal joint

S5513 Sprain, inter-phalangeal joint, toe

S55.. Sprain of ankle and foot

S5511 Sprain, tarso-metatarsal joint

S5502 Sprain, ankle joint, lateral

S550z Ankle sprain NOS

S55z. Ankle and foot sprain NOS

S5500 Ankle sprain, unspecified

S551z Foot sprain NOS

infection claim ?

Yes No

nt in NZ.

Diagnosis comments (optional). Add relevant comments that will further clarify the injury diagnosis. This is used to assist ACC to make its cover decision.

INJURY DIAGNOSIS

Enter keyword(s) or READ code Select side

Diagnosis comments (optional)

This is a work related gradual process, disease, or infection claim ?



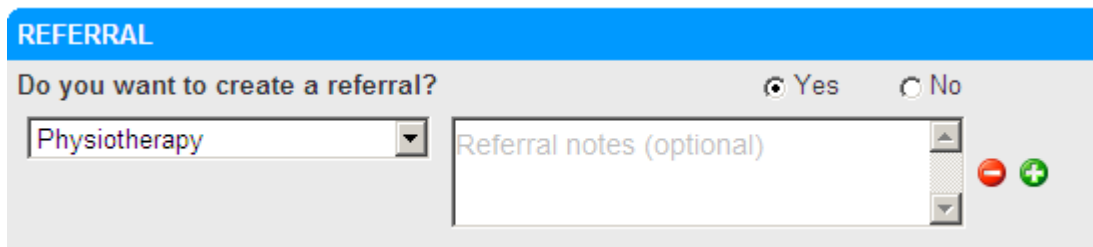
This is a work related gradual process, disease, or infection claim ?

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.

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.

8.1 REFERRAL

If the patient requires a referral for further treatment or diagnostic testing, complete this section to generate a simple referral to the appropriate service or treatment provider.



The maximum number of referrals allowed is three.

8.2 FITNESS FOR WORK SECTION

This section identifies if the patient is unable to continue their normal duties at work.

The details of the patient's employer are required and may pre-populate from the PMS or if previously answered.



This section is only applicable to patients where the employment status is "Paid employment in New Zealand" or "Self-employed in New Zealand".

FITNESS FOR WORK ?

Is the patient fit to continue normal work? Yes No

Name of employer ? Location of employer ?

← **September 2012**

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

October 2012 →

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

6 Accident date 11 Today

Fit for some work

Fully unfit for work [Clear all](#)

- Drag across the calendar to select a date range



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.

8.2.1 FIT FOR SOME WORK

If the patient is 'Fit for some work':

Drag across the calendar to select a date range.

Select '**Fit for some work**'.

Specify the hours of work per day and the work type the patient is fit to work.

Select any physical restrictions that apply.

FIT FOR SOME WORK

Wed 19 Sep 2012 to Wed 19 Sep 2012 (1 days)

Patient is fit to work hours per day

The patient is fit for the following type of work:

Sedentary

Light

Medium

Heavy

Physical restrictions (if relevant)

Prolonged standing

Prolonged sitting

Prolonged walking

Driving

Posture

Repetition

Lifting/forceful movements

Heavy physical work

Temperature

Vibration

Other details (optional)

8.2.2 FULLY UNFIT FOR WORK

If the patient is 'Fully unfit for work':

Drag across the calendar to select a date range.

Select 'Fully unfit for work'

FITNESS FOR WORK ?

Is the patient fit to continue normal work? Yes No

Name of employer ? Location of employer ?

← **October 2012**

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

November 2012 →

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

6 Accident date 5 Today

Fit for some work

Fully unfit for work Tue 13 Nov 2012 to Sat 17 Nov 2012 (5 days) [Clear all](#)

8.3 DECLARATIONS SECTION

Your ACC provider details will auto-populate from the PMS. Please check that the details are correct, and amend if required before sending the claim to ACC.

If you wish to discuss any aspect of this claim that it is not appropriate to document on the ACC45 or an ACC18, tick the 'ACC to contact me' box, and ACC will make contact with you directly - this will usually take 2 - 4 working days.

DECLARATION

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 Declaration and Consent](#) and has authorised me to lodge the claim on their behalf

| Consultation date | Provider name | ACC provider number |
|--|---|-------------------------------------|
| <input type="text" value="13/12/2012"/> | <input type="text" value="X Y Doctor"/> | <input type="text" value="L12345"/> |
| Health practitioner index (optional) ? | | |
| <input type="text" value="14FLGU"/> | <input type="text" value="14FLGU"/> | <input type="text" value="14FLGU"/> |

ACC to contact me? [?](#)

[Delete this claim](#)

8.4 SEND THE CLAIM

When all of the necessary sections of the form are complete, and you are satisfied with the content provided, you are now ready to submit the injury claim.

Click on the **“Send”** button.

There is no longer a requirement to send claims to ACC as a separate task – just click “Send” and it will be delivered to ACC.

DECLARATION

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 Declaration and Consent](#) and has authorised me to lodge the claim on their behalf

| | | |
|---|--------------------------------------|--------------------------------------|
| Consultation date 27/11/2012 | Provider name Marcus Welby | ACC provider number L12345 |
| Health practitioner index (optional) 15FLGU | 15FLGU | 14FLGU |

ACC to contact me?

Send
Park
[Delete this claim](#)

In a few seconds you will receive an acknowledgement message from ACC that the claim has been successfully received by ACC. You will be presented with a read-only view of the completed claim:

HealthLink Online

ACC Injury Claim Form Sent and Acknowledged on 27/11/2012 at 16:19

Patient Details

Name HARRY DAVID Moore

Date of birth 14-Aug-1980


Patient Copy of Injury Claim

Claim Number - QA0002046

Fitness for Work

Fully unfit for work From 01/12/2012 until 04/12/2012 (4 days)

Fit for some work From 05/12/2012 until 07/12/2012 (3 days)



8.5 PRINT



All printouts are designed to print on A5 paper.

To 'Print', select the print button.

By default 'Patient declaration' and 'Patient copy of form' will be ticked.

Patient declaration

Patient copy of form

Referral(s)

Fitness for work

The new injury claim form can print:

| Printout | Description and purpose |
|------------------------------|--|
| Patient declaration | Authorises the claim to be lodged and information to be collected and released. Also declares the information is true and correct. |
| Patient copy of the form | A copy of the claim form for the patient. |
| Referral(s) | A copy of the referral/s for the patient to take to their preferred provider. |
| Fitness for work certificate | Patient copy of the fitness for work certificate for presentation to their employer. |

'Referral' and 'Fitness for work' are optional fields that are automatically ticked if these options have been completed within the form.

REFERRAL
Do you want to create a referral? Yes No
Radiology - Xray adsfasfsadfsadfsda

FITNESS FOR WORK
Is the patient fit to continue normal work? Yes No
Name of employer Location of employer
October 2012 November 2012

- Patient declaration
- Patient copy of form
- Referral(s)
- Fitness for work

Print

8.6 PARK FORM

An ACC form can be 'parked' at any time which saves the claim for completion and submission at a later time. The parked form will be saved in the relevant area within your PMS so that you can return to it. The park option can be accessed using the park button which is located at the bottom of each page.

Continue **P** Park [Delete this claim](#)

8.7 RETRIEVING A PARKED FORM

8.7.1 MY PRACTICE – PARKED FORM

Parked forms can be located within the patient's profile in the **"Notes tab"**. Click on the claim you were working on. These are displayed in descending date order.

The screenshot shows the 'My Practice' software interface for a patient named 'A B Sample'. The patient's details include: NZ European / Pakeha, Business Director, 11/02/1986, A4Z Regular, HUX8660, 27y 0m, and 52 Sampley Street, Sampleville. The interface has several tabs: Presenting Complaint, History, Exam, and Diagnosis. Below these is a navigation bar with tabs for Notes, Results, Measurements, Scripts, Lab, Radiol, Cardiol, Endo, Audio, Letters, Forms, and Immunisations. The 'Notes' tab is selected and circled in red. A red arrow points from the text 'Parked form located here.' to the 'Notes' tab. Below the navigation bar, a list of parked forms is displayed in descending date order:

| Date | Time | Action |
|------------|------------|--|
| 26/02/2013 | 12:10 p.m. | Action: Parked : ACC Injury Claim Form |
| 26/02/2013 | 09:01 a.m. | Action: Parked : ACC Injury Claim Form |
| 25/02/2013 | 02:11 p.m. | Action: Parked : ACC Injury Claim Form |
| 24/12/2012 | 11:09 a.m. | Action: Parked : ACC Injury Claim Form |

9 AUTO-SAVE A CLAIM

A claim is automatically parked after a **5 minute** period of inactivity. The “Form is auto-saved” message will display. You may, however, continue to complete the form.

New Injury Claim Form

Patient & Accident
A B Sample
Tertiary Teacher
Light (frequent standing and ...)

Injury Diagnosis
Contusion wrist or hand (SE32.)

PATIENT DETAILS

Postal address
52 Sampley Street
Sampleville
Auckland
New Zealand

Phone
09 9999999
Mobile
025 0000000

Employment status
Paid Employment in New Zealand

Refresh

10 DELETE THIS CLAIM

How did the accident happen?

Provide details

Accident scene

Accident location (if outside NZ then select Overseas)
Auckland City

Continue Park

[Delete this claim](#)

Message from webpage
Are you sure you want to delete this claim?
OK Cancel

An unsent claim may be deleted by clicking “Delete this claim” which is available at the bottom of each page, upon selecting this options an “Are you sure you want to delete this claim?” pop up will appear. Select the relevant option.

The form will close the ACC45 form and navigates back to the Healthlink home page.



Claims that are parked in the PMS will not be deleted by this function.

Parked claims can only be deleted by using PMS functionality.

11 SUBMITTED CLAIM FORM

Upon successful submission you will be presented with a 'Patient Copy of Injury Claim'.

The top of the form will display a Sent and Acknowledged status message along with the date and time stamp.

Notes Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters Forms Immunisations ACC45

Address http://localhost:5088/acc45form/submitForm.jsp?_fsk=765279353

ACC Injury Claim Form Sent and Acknowledged on 13/12/2012 at 15:37

Patient Copy of Injury Claim

Claim Number - LA01785

PATIENT AUTHORISATION AND DECLARATION

I authorise:

- The treatment provider to lodge this claim for me.
- ACC to collect and release relevant information about my claim to the extent needed to determine cover and/or assess my entitlement to financial compensation; rehabilitation assistance (including medical treatment) and/or the appropriate level of care and personal attention that I should receive; and/or to assist the evaluation of services and the performance of the ACC Scheme; and/or to detect the misuse of ACC assistance; and/or to support the administration of the Health and Safety in Employment Act 1992.
- ACC to collect and release relevant information from my claim for the purposes of research into injury prevention, accurate needs assessments and effective rehabilitation.
- ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners; specialists; New Zealand Police; treatment providers; assessment agencies; IRD; WINZ; employees; Occupational Safety and Health; or witnesses to my accident).

I declare:

- That the information given about me and this claim is true and correct and that I have not withheld any information likely to affect my application for assistance.
- I will inform ACC of any change in circumstances which may affect my entitlements.

I acknowledge:

- That until a decision is made by ACC regarding acceptance of this claim, there is no guarantee to pay treatment or other related costs.

Patient Details

Name: A B Sample
 Date of birth: 11-Feb-1986
 Gender: Male
 NHI No.: HUX8660
 Ethnicity: New Zealand European / Pakeha
 Home phone:
 Mobile phone:
 Home address: 52 Sample Street, Sampleville, Auckland, 1149
 Postal address: 52 Sample Street, Sampleville, Auckland, New Zealand
 Employment status: Paid Employment in New Zealand
 Occupation: Scientific Soil Tester
 Usual work type: Medium (required to lift small loads/some bending)

Accident Details

Accident at work? No
 Motor vehicle accident? Yes
 Treatment injury? No
 Accident date: 07/12/2012
 Location: Auckland City
 Scene: Road or street
 Sport: N/A
 Activity: Driving or travelling in a motor vehicle
 Accident description: Moving motor vehicle and asfstd

Injury Diagnosis

Diagnosis code description: Side
 Minor head injury (S0460) Left
 Diagnosis comments: Head Injury

Employment related gradual process? No
 Consultation with: X Y Doctor, J99966
 Consultation date: 13/12/2012

Patient declaration
 Patient copy of form

12 PRINT OUTS

Here are examples of the printouts using dummy information

Patient Copy of Injury Claim

Claim Number - QA03429

| Patient Details | | Referral(s) | |
|---|--|----------------------|---|
| Name | A B Sample | Referral for | Suggested treatment |
| Date of birth | 11-Feb-1986 | Physiotherapy | Require treatment for wrist injury |
| Gender | Male | | |
| NHI No. | HUX8660 | | |
| Ethnicity | New Zealand European / Pakeha | | |
| Home phone | 09 9999999 | | |
| Mobile phone | 025 0000000 | | |
| Home address | 52 Sampley Street, Sampleville, Auckland, 1149 | | |
| Postal address | 52 Sampley Street, Sampleville, Auckland, New Zealand | | |
| Employment status | Paid Employment in New Zealand | | |
| Occupation | Tertiary Teacher | | |
| Usual work type | Light (frequent standing and walking required) | | |
| | | | |
| Accident Details | | FITNESS FOR WORK | |
| Accident at work? | No | Fully unfit for work | From 08/03/2013 until 09/03/2013 (2 days) |
| Employer | ABC University | Fit for some work | From 10/03/2013 until 15/03/2013 (6 days) |
| Employer address | Sampleville | | Fit to work 6 hours per day of Sedentary work |
| Motor vehicle accident? | Yes | | Physical Restrictions: |
| Treatment injury? | No | | Other details: |
| Accident date | 06/03/2013 | | |
| Location | Taupo District | | |
| Scene | Road or street | | |
| Sport | N/A | | |
| Activity | Driving or travelling in a motor vehicle | | |
| Accident description | Moving motor vehicle and Details section here: "Lorem ipsum dolor sit amet, consectetur adipiscing elit. In injury Diagnosis or incididunt ut labore et dolore magna aliqua. U | | |
| Diagnosis code description | Contusion wrist or hand (SE32.) | | |
| Diagnosis comments | | | |
| Diagnosis comments here.... | | | |
| Employment related gradual process? | No | | |
| Consultation with | Dr X Y Test, L12345 | | |
| Consultation date | 07/03/2013 | | |
| | | | |
| PATIENT AUTHORISATION AND DECLARATION | | | |
| I authorise: | | | |
| <ul style="list-style-type: none"> The treatment provider to lodge this claim for me. ACC to collect and release relevant information about my claim to the extent needed to determine cover and/or assess my entitlement to financial compensation; rehabilitation assistance (including medical treatment) and/or the appropriate level of care and personal attention that I should receive; and/or to assist the evaluation of services and the performance of the ACC Scheme; and/or to detect the misuse of ACC assistance; and/or to support the administration of the Health and Safety in Employment Act 1992. ACC to collect and release relevant information from my claim for the purposes of research into injury prevention, accurate needs assessments and effective rehabilitation. ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners; specialists; New Zealand Police; treatment providers; assessment agencies; IRD; WINZ; employers; Occupational Safety and Health; or witnesses to my accident). | | | |
| I declare: | | | |
| <ul style="list-style-type: none"> That the information given about me and this claim is true and correct and that I have not withheld any information likely to affect my application for assistance. I will inform ACC of any change in circumstances which may affect my entitlements. | | | |
| I acknowledge: | | | |
| <ul style="list-style-type: none"> That until a decision is made by ACC regarding acceptance of this claim, there is no guarantee to pay treatment or other related costs. | | | |

Patient Consent

PATIENT AUTHORISATION AND DECLARATION

I authorise:

- The treatment provider to lodge this claim for me
- ACC to collect and release relevant information about my claim to the extent needed to determine cover and/or assess my entitlement to financial compensation; rehabilitation assistance (including medical treatment) and/or the appropriate level of care and personal attention that I should receive; and/or to assist the evaluation of services and the performance of the ACC Scheme; and/or to detect the misuse of ACC assistance; and/or to support the administration of the Health and Safety in Employment Act 1992.
- ACC to collect and release relevant information from my claim for the purposes of research into injury prevention, accurate needs assessments and effective rehabilitation.
- ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners; specialists; New Zealand Police; treatment providers; assessment agencies; IRD; WINZ; employers; Occupational Safety and Health; or witnesses to my accident).

I declare:

- That the information given about me and this claim is true and correct and that I have not withheld any information likely to affect my application for assistance.
- I will inform ACC of any change in circumstances which may affect my entitlements.

I acknowledge:

- That until a decision is made by ACC regarding acceptance of this claim, there is no guarantee to pay treatment or other related costs.

Patient to sign here or legal guardian or representative _____

Date _____
Authorised representatives _____

name _____
Authorised representatives _____
relationship to patient _____

Patient Referral

Claim Reference: QA03429
(Patient copy to present to Referred Provider)

Referral Information

Type of treatment referred for: Physiotherapy

Suggested treatment

Require treatment for wrist injury

Note that ACC contribution for the cost of this referral is dependant on acceptance of the claim. To confirm the status of the claim, please contact the Provider Helpline on 0800 222 070.

Patient Details

Name A B Sample
Date of birth 11-Feb-1986
Gender Male
NHI number HUX8660
Ethnicity New Zealand European / Pakeha
Home phone 09 9999999
Mobile phone 025 0000000
Home address 52 Sampley Street, Sampleville, Auckland, 1149
Postal address 52 Sampley Street, Sampleville, Auckland, New Zealand

Injury Diagnosis

Date of accident 06/03/2013

Diagnosis code description Contusion wrist or hand (SE32.) Side

Diagnosis comments

Diagnosis comments here....

Referring Provider Details

Dr X Y Test
The Practice
123 123 AnywhereButHere Place
Suburbia
Auckland

303 1806

Fitness for Work

Claim Reference: QA03429
(Patient copy to present to Employer)

Patient Details

| | |
|-----------------------|---|
| Name | A B Sample |
| Date of birth | 11-Feb-1986 |
| Gender | Male |
| NHI number | HUX8660 |
| Ethnicity | New Zealand European / Pakeha |
| Home phone | 09 9999999 |
| Mobile phone | 025 0000000 |
| Home address | 52 Sampley Street, Sampleville, Auckland, 1149 |
| Postal address | 52 Sampley Street, Sampleville, Auckland, New Zealand |

Fitness for Work

| | |
|-----------------------------|---|
| Fully unfit for work | From 08/03/2013 until 09/03/2013 (2 days) |
| Fit for some work | From 10/03/2013 until 15/03/2013 (6 days) |
| | Fit to work 6 hours per day of Sedentary work |
| | Physical Restrictions: |
| | Other details: |

Injury Diagnosis

| | |
|-----------------------------------|-------------|
| Date of accident | 06/03/2013 |
| Diagnosis code description | Side |
| Contusion wrist or hand (SE32.) | |
| Diagnosis comments | |
| Diagnosis comments here.... | |

Treatment Provider Details

| |
|-------------------------------|
| Dr X Y Test |
| The Practice |
| 123 123 AnywhereButHere Place |
| Suburbia |
| Auckland |
| 303 1806 |

13 WRITE –BACK SECTIONS

13.1 MY PRACTICE WRITE-BACK

Write-back refers to information from the form that is recorded back in the patient record in your PMS upon successful submission to ACC.

The new injury claim form ACC45 will write back;

- Patient accident details (including fitness for work)
- Consultation notes (if completed)
- Employer details

Patient accident details are created:

From the Notes tab select the ‘Accident’ you would like to view in the Medication Sidebar on your left. Double click on the accident type and you will be presented with the accident details.

The screenshot shows the 'My Practice' software interface for 'X Y Doctor'. The main window displays patient information for 'A B Sample', including demographics and a 'Head Injury' note from 7/12/2012. The 'Medication Sidebar' on the left lists 'Accident' and 'Head Injury, 7/12/2012'. A red arrow points from the 'Head Injury' note in the list to the 'Head Injury' entry in the sidebar. The bottom of the screen shows a list of notes, with the 'Head Injury' note selected.

| Date | Time | Note |
|------------|------------|--|
| 13/12/2012 | 03:36 p.m. | Head Injury |
| 13/12/2012 | 03:27 p.m. | This is a sampletext |
| 13/12/2012 | 03:01 p.m. | Action: Parked : ACC Injury Claim Form |
| 12/12/2012 | 01:40 p.m. | Action: Parked : ACC Injury Claim Form |

Displayed here are details of the write back screen.

Notes | Results | Measurements | Scripts | Lab | Radiol | Cardiol | Endo | Audio | Letters | Forms | Immunisations | ACC LA01785

Send claim to: ACC45 ACC18 Claim Only Print copies
 Electronic Registration [Park](#)

Claim No: LA01785 Date: 07/12/2012 Time: 00:00
 Scene: Road Or Street Location: Auckland City in NZ
 Cause: asd fasd Travelling - motor vehicle Moving motor vehicle
 Sport: 0 Work Injury Motor Vehicle Gradual Process Treatment Injury

Diagnosis
 Head Injury [ACC Website](#)
 Minor head injury (S6460) S6460 Left Right N/A
 Left Right N/A
 Left Right N/A

Referral:
 Treatment/Complications:

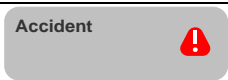
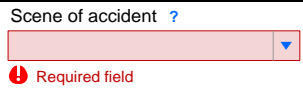
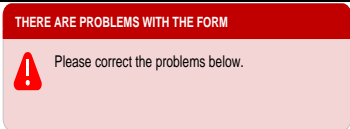
Occupation
 Scientific Soil Tester
 Not Employee Self Employed
 Owner Employee
 Work Style
 Sedentary Light Medium Heavy
 Very Heavy

Employer Details
 Employer:
 Unit/Flat/Des:
 Number: St
 Suburb: City:
 Phone:

Fitness for work
 Normal None Sedentary Light Medium Heavy Very Heavy

14 VALIDATION

Validation icons are available to assist you in completing the form accurately.

| Icon | Validation | Description |
|---|----------------------|---|
|  | Tab validation | Displays an error icon on the tab of the section where there is missing or incorrect data. |
|  | Field validation | Missing or incorrect data is highlighted and advises what information fields are required. |
|  | Validation error box | A message box is displayed at the top of the page indicating there is a problem with the form and the corrective action that needs to be taken. |

15 FREQUENTLY ASKED QUESTIONS

When does scheduled maintenance occur?

If required this occurs on Tuesday evenings between 9pm and 6am.

What if something goes wrong with the new injury claim form ACC45?

In the first instance please contact the **ACC eBusiness Support Line:**

0800 222 994 - Option 1

(available Monday – Friday 8:00am to 5:00pm except public holidays)

For issues with your Practice Management System, please contact:

- The Practice Management Systems Helpdesk:
 - o MyPractice HelpDesk on **0800 69 77 22** or email helpdesk@mypractice.co.nz

Will updating the patient information in the PMS reflect immediately within the form?

Yes, but only if the form is refreshed. Once the new information has been added into the PMS simply click on the refresh button on the Patient and Accident Tab.

What if the new injury claim form is accidentally submitted but needs to be cancelled?

Please call the ACC Provider Helpline 0800 222 070

What if I want to send updated information to include with a claim that has been submitted?

Please call the ACC Provider Helpline 0800 222 070

16 CONTACT DETAILS

For issues with your PMS, please contact the Practice Management Systems Helpdesk:

| PMS | Phone | email |
|------------|---------------|--|
| MyPractice | 0800 69 77 22 | helpdesk@mypractice.co.nz |

For issues with the new injury claim form, please contact the ACC eBusiness support line:

0800 222 994 - Option 1

(available Monday – Friday 8:00am to 5:00pm except public holidays)

For issues after the claim is successfully sent to ACC, please contact the ACC Provider Help Line

0800 222 070

Please have your provider number ready