

Medical certificate



Please fill in this form to provide us with information about your patient's covered injury. We'll use this information to determine whether the injury qualifies for an assessment for a lump sum payment or independence allowance. Please complete a separate medical certificate for each covered injury.

If you have any questions about completing this form, please contact us on 0800 101 996. When you've finished, you can return this form to us using the enclosed reply-paid envelope, or you can scan and email it and any supporting documents to IALS@acc.co.nz.

1. Patient details

Patient name: [Client full name auto]

ACC client number: [Person ID auto]

Address: [Additional Recipient Reference Auto], [Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto],[Post Code Auto], [Country Auto]

2. Injury and treatment details

This section must be completed by a registered medical practitioner. We ask that you print your answers, and for each injury, provide copies of supporting medical records in addition to your responses to the questions.

ACC claim number:

And/or ACC 45 number:

Injury:

Date of injury:

For the injury above, is this the first time your patient has been assessed for a lump sum payment or independence allowance?

Yes No

If No, please go to section 3, 'Reassessment'.

Unsure

Is it likely that there is impairment resulting from this injury at this time, ie loss or alteration in function of any body part, organ system or organ function?

Yes No

If yes, do you expect that the impairment is permanent, ie considered unlikely to improve substantially and by more than 3% in the next year with or without medical treatment, including counselling for sensitive claims?

Yes No

Note: ACC appoints a medical practitioner to evaluate permanent impairment using the *American Medical Association Guides to the evaluation of permanent impairment, 4th edition* and the *ACC User handbook to AMA4*.

Is this impairment stable, ie the impairment is not expected to improve within the next 12 months with or without medical treatment, including counselling for sensitive claims?

Yes No

If Yes, please explain why you consider the impairment to be stable:

If No, please explain what further treatment could be provided and the steps you're taking to provide this:

Please describe any past or future referrals, eg for surgery, x-rays, counselling, specialist or pharmacological treatments, or to allied health professionals

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What form of treatment has been provided for this injury to date, and who has provided the treatment?

3. Reassessment

Complete this section if this is a reassessment of an injury previously assessed for lump sum payment or independence allowance.

Have you seen the previous impairment assessment report for this client? Yes No

Has the condition and/or the level of impairment changed since the last assessment? Yes No

If yes, what is the medical reason for the change and how has the level of the impairment changed since the previous assessment?

4. Additional details

Please attach the relevant medical records to this medical certificate.
You only need to provide copies of medical records that you haven't previously supplied to ACC.

Services we can pay for

Service code	Service description
ACC554	Completing the Medical certificate and providing a report (includes reviewing notes). The rate is \$31.63 (incl. GST) per 10 minutes, up to a maximum of \$189.75 (incl. GST). Please get in touch with us if you think it will take longer than one hour.
COPY	Photocopying (including admin tasks, eg searching, reviewing, collating and copying). You can invoice for a minimum of 5 and a maximum of 30 pages. Please contact us if you need to copy more than 30 pages.

How to invoice ACC

Please send your invoice via the electronic invoicing system. Include the claim number and the relevant service code(s) above.

5. Registered medical practitioner declaration and signature

I have recently personally examined the patient named in section one and to the best of my knowledge the information I've given is accurate.

Signature:	Date:
Name:	ACC provider number:
Practice address:	Provider stamp:

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.