

Client's claim number: **[Claim number auto]**

Purchase order number: **[PO number auto]**

[Date auto]

[Vendor name auto]
 [Vendor_Address_Line1 Auto]
 [Vendor_Address_Line2 Auto]
 [Vendor_Address_Line3 Auto]
 [Vendor_Address_Line4 Auto] [Post Code Auto]

Dear [ATTENTION TO auto]

We'd like to get your advice on a treatment injury claim

Client details

Client name:	[Client title auto] [Client full name auto]	Date of injury:	[Date of injury auto]
Address:	[Additional Recipient Reference Auto], [Client address line 1 auto], [Client address line 2 auto], [Client address line 3 auto], [Client address postcode auto], [Client address country auto]		
Date of birth:	[Date of birth auto]	Phone number:	[Client ph auto]
ACC45 number:	[ACC45 number auto]	NHI number:	[NHI no. auto]
Injury(s):	[injuries auto]		

To help us make a decision on [Client title auto] [Client full name auto]'s treatment injury claim, we'd like you to provide External Clinical Advice (the Services).

We've got consent to request this information

[OPTION 1 START]The Injury Claim form (ACC45) that [Client full name auto] has already signed gives us authority to collect this information.[OPTION 1 END]

[OPTION 2 START]We've included a copy of the authority for us to collect medical and other records to help make a decision about this claim.[OPTION 2 END]

The services we'd like you to provide

We've listed below the service(s) we'd like you to provide, along with what we'll pay you.

Service code	Service description	From	To	Qty.	Unit of measure	Rate per unit, excl. GST	Rate per unit, incl. GST
[Service code auto]	[Service description auto]	[88/88/8888 auto]	[88/88/8888 auto]	[Qty auto]	[Unit of measure auto]	[\$8888.88 auto]	[\$8888.88 auto]

You can also invoice us for additional costs as described in the enclosed service schedule.

[OPTION 1 START - if ECA01 approved]Please use the enclosed information to complete your assessment and the *ACC2187 Treatment Injury Advice* form and send it back to us by dd/mm/yyyy.[OPTION 1 END]

[OPTION 2 START - use if ECA02 approved]We'd like you to attend an advisory panel. We'll be in touch to provide more details about the time and location of the panel.[OPTION 2 END]

[OPTION 3 START - use if ECA03 approved]We'd like you to attend a review hearing in person / by teleconference. Fairway Resolution Limited will arrange the review hearing with [Client first name auto]. We'll be in touch to provide more details about the time and location of the review hearing soon.[OPTION 3 END]

Service requirements

Thank you in advance for filling out the external clinical advice report. Your prompt reply will help us make a decision on this claim quickly.

If you're unable to meet the timeframe, please call me to organise a new time.

Please see below the service schedule for more details about what you need to know when providing the service.

How to invoice us

You can invoice us using our online services. You just need to make sure that you include the claim number, purchase order number and service code(s) shown on this letter.

If you'd like more information about how to send us your invoices electronically, please get in touch with the eBusiness team on 0800 222 994 option 1 or email ebusinessinfo@acc.co.nz.

We're here to help

If you'd like to talk about this letter or have any questions, please just get in touch with me using the contact details below.

Yours sincerely

[Current User auto]

[Job Title auto]

Telephone: [INSERT phone number]

Encl. *ACC External Clinical Advice Service schedule*, [OPTIONAL]*ACC2187 Treatment Injury Advice template*, [OPTIONAL]*ACC6300 Authority to collect medical and other records*

ACC External Clinical Advice Service schedule

Please use the following payment schedule to invoice us:

Service code	Service description	Rate per unit, excl. GST	Rate per unit, incl. GST
ECA01	Written report: including preparation and emails	\$240.00 per hour	\$276.00 per hour
ECA02	Attendance at a panel: including preparation	\$240.00 per hour	\$276.00 per hour
ECA03	Verbal advice: including signing off record of advice	\$240.00 per hour	\$276.00 per hour
DISBUR	Disbursements: such as phone calls, typing and copying, internet access and research, postage and courier	Actual and reasonable cost	Per item
ECAT6	Other travel; Costs for return travel by ferry, taxi, rental car, public transport and parking when: <ul style="list-style-type: none"> return travel is via the most direct, practicable route; and the return travel exceeds 20km Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the client as agreed by ACC Note 2: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis	Actual and reasonable cost	Per trip
ECATA1	Air travel when a Service Provider is: <ul style="list-style-type: none"> requested by ACC to travel to an outlying area that is not the Service Provider’s usual area of residence or practice to deliver Services; and air travel is necessary and has been approved by ACC Note: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis	Actual and reasonable cost	Per trip
ECATD10	Travel distance A contribution towards travel: <ul style="list-style-type: none"> for return travel via the most direct, practicable route; and 	\$0.62 per kilometre	\$0.71 per kilometre

	<ul style="list-style-type: none"> where the return travel exceeds 20km <p>Note 1: where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the “start point” and “end point” closest to the client (as agreed by ACC)</p> <p>Note 2: ACC does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis</p>		
ECATT5	<p>Travel time - first hour</p> <p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and the distance the Service Provider travels exceeds 20km return; and/or the time the Service Provider travels exceeds 30 minutes <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the client (as agreed by ACC)</p> <p>Note 2: if travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis</p>	\$120.00 per first hour	\$138.00 per first hour
ECATT1	<p>Travel time – subsequent hours</p> <p>Paid for return travel time after the first 60 minutes in a day paid under ECATT5, where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and additional travel time is required after the first hour of travel <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the client as agreed by ACC</p> <p>Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis</p>	\$240.00 per subsequent hour(s)	\$276.00 per subsequent hour(s)

You'll need to provide evidence of any costs you incur plus get prior approval from us for any travel by air, bus or train. We'll usually make the travel booking for you unless we agree to do otherwise.

Things you should know when providing the service(s)

If the Service changes, we'll talk to you about the changes and agree in writing, which might be by email. Along with the report we will own all the intellectual property in the materials you deliver to us relating to the Services.

Your name will be in our decision letter and report so if you get contacted by the client or health provider about the report, please direct them to ACC. It's important you don't enter into any discussions with them about this.

Let us know immediately if you become aware of a conflict of interest at any time. If this happens we ask that you return the request to us within five working days and we'll cancel it. The same applies if you become aware of any issue relating to ACC, the Services and/or the purpose of this letter which has or might have media or public interest.

For privacy reasons please make sure you keep all information about the client and your Services confidential unless agreed to by ACC or required by law. Either of us may for any reason terminate the Services on giving one weeks' written notice to the other party without being liable to the other party for any damages or compensation.

Acting as a Third Party Assessor

As an external clinical advisor you will carry out services in a competent and professional manner and in accordance with all applicable legislation and professional standards, including the:

- High Court rules in Part 9, Subpart 5 of the High Court Rules 2016: Expert witness to comply with code of conduct (see <http://www.legislation.govt.nz/regulation/public/2016/0225/latest/DLM6951902.html>) (with appropriate modifications) Privacy Act 2020
- Health Information Privacy Code 2020.



ACC2187

Treatment injury advice

Use this form to provide advice to ACC on a claim for Treatment Injury. When completed please send your report to the ACC Treatment Injury Centre.

Email: TIClaims@acc.co.nz. Please send the email with "Treatment Injury Advice" in the subject header.

Mail: Treatment Injury Centre, PO Box 430, Dunedin 9054;

1. Client details

Client name: [Client title auto] [Client full name auto]

Claim number: [Claim number auto]

Date of birth: [DOB auto]

2. Request for external clinical advice – to be completed by ACC

Specific questions that ACC requires clinical advice on.

- 1.
- 2.
- 3.
- 4.
- 5.

3. Claim details – To be completed by external clinical advisor

Provide a summary of clinical events that led to the claim.

4. External Clinical Advisor response

Provide a response to the specific questions listed in section two and describe how the evidence supports your conclusion. You're welcome to include extra pages if you need to.

- 1.
- 2.
- 3.
- 4.
- 5.

ACC2187 Treatment injury advice

5. References

Provide a list of references to support your clinical advice.

6. External clinical advisor's declaration and signature

If the Office of the Health and Disability Commissioner (HDC) requests a copy of this report, do you agree to be named in the HDC report if your advice is quoted? (The HDC report may be published on the HDC website.) Yes No

Signature:

Date:

Name:

Occupation/Speciality:

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. 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.

RELEASED UNDER THE OFFICIAL INFORMATION ACT