

Instruction for Review Provider Document 5

For Review Providers:

We have received a review application from the following customer. We have arranged a case conference to discuss the review application and have attached relevant documents. Please allocate a reviewer.

1. Initial case conference details

Provider Name:

Date:

Time:

Date and time agreed by Customer? Yes No

Complex Review? Yes No

Primary contact: Customer Representative/Advocate Employer

Additional information:

[e.g. cultural services requirements/ unsuccessful ADR/ linked reviews/ in person hearing requested]

2. Review details

Review number	Review category	Lodgement date	Decision date
[insert review number]	[insert review code & category]	[dd month yy]	[dd month yy]
[insert review number]	[insert review code & category]	[dd month yy]	[dd month yy]

Late Review Application? Accepted Declined No decision yet Not Applicable

3. Customer details

Claim/ACC number:

Interested party: Yes

Customer name:

Telephone number:

Email address:

Postal address:

Care indicator: Yes No

Preferred contact method:

Care indicator information:

4. Advocate/Representative details

Name:

Preferred contact method:

Organisation:

Telephone number:

Email address:

Postal address:

Authority to Act included with documents: Yes

Care indicator: Yes No

Care indicator information:

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5. Employer details	
Name:	Interested party: <input type="checkbox"/> Yes
Organisation name:	Telephone number:
Email address:	Preferred contact method:
Postal address:	

6. ACC Review Specialist details	
ACC staff member:	
Email address: resolutionservices@acc.co.nz	
Contact telephone number:	

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