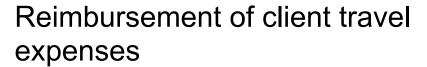
ACC250





Complete this form to request ACC to reimburse expenses associated with your travel to ACC funded treatment and rehabilitation.

When you've finished, please return this completed form and supporting information to Claimsdocs@acc.co.nz Alternatively, you can post this form and supporting information to PO Box 952, Hamilton 3240 or PO Box 408, Dunedin 9054.

or more information visit I raveiling for treatment and	Tenabilitation (acc.co.nz).
1. Your personal details	
Your name:	Claim number:
Date of birth:	Date of your injury:
Your email:	Your mobile phone:
Residential address:	
Postal address (if different from residential address):
2. Your declaration and signature	
I declare:	
likely to affect my application. I will inform A entitlements.	e and correct and that I have not withheld any information ACC of any change in circumstances which may affect my
I authorise:	
 ACC to collect the following information and set out above and in ACC's Privacy Policy: 	d to use and disclose it in accordance with the purposes
 medical and other records which are 	or may be relevant to my claim
 details of my accident tax records, employment details and 	history which are or may be relevant to my claim
 the holders of such information to pr 	ovide it to ACC
the treatment provider to lodge this contains the streatment provider the streatment p	claim for me
Signature:	Date:
3. Representative's declaration and signature (if	f applicable)
I declare that, to the best of my knowledge, the info authority to sign this form.	rmation on this form is correct, and I have the client's
Representative's name:	Phone number:
What is your relationship to the client?	
Why is the client unable to sign this form?	
Signature:	Date:

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4 Your ban	k account details						
	et one of the option	s below:					
	-	nt details I have previously pro	ovided to A	CC for pa	vments or		
		nt details provided on this form		-			
		nt details provided on this form				-	all other
	ssociated with my c		11 101 11115 16	annoursen	ieni reque	st and for a	all Other
Bank accour	nt name:						
Bank accour	nt number:						
5. Your trav	el details						
Date of travel	Travel from (address/location¹)	Travel to - insert your provider's stamp (with name & address) and ask for their signature	Reason for travel	Travel method	Return trip (yes/no)	Total km travelled	Fare (NZD) ²
							\$
							\$
							\$
							\$
							\$
							\$
							\$
or example: 19 A	Aitken St, Thorndon, We	ellington 6011 or Wingate Train Stati	on or Bus Sto	o C, Courtne	ey Place.		
		CC can only pay a standard rate per	kilometre.				
6. Information	•	the might information as well					
		e the right information so we defore sending this to us.	can get you	ir money t	o you as c	quickly as p	ossidie.
I have:							
Attached	the receipts for all	travel mentioned in Section 5	(not applic	cable to tra	avel by pri	ivate car).	
Attached	the proof of my ba	nk account if required.					
	red when you're pr ne bank account de	oviding new bank account de etails:	tails. We a	ccept any	of the follo	owing docu	ıments

bank statement

- ATM slip
- internet printout from bank website or screenshot of your internet banking application
- pre-printed deposit slip

You don't need to get your bank to sign-off or stamp these documents.

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Attached the confirmation of travel to appointment from my provider.

Your provider can either

- stamp and sign in Section 5. "Your travel details" in the "Travel to" column or
- you can provide a copy of the email from your appointment provider confirming your attendance.

For example, if you're asking to reimburse for travel to your physio appointment, your physiotherapist will need to either

- stamp and sign this form or
- provide a confirmation email which you can forward to us when submitting this form

Collecting and using your personal information

ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

ACC may need to obtain medical and other records about you from third parties such as your General Practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (eg treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website acc.co.nz/privacydisclaimer.

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:

privacy.officer@acc.co.nz

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011

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5. Your travel details – additional space								
Date of travel (dd/mm/yyyy)	Travel from (address/location)	Travel to - insert your provider's stamp (with name & address) and ask for their signature	Reason for travel	Travel method	Return trip (yes/no)	Total km travelled	Fare (NZD)	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	