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ProviderHub

ProviderHub training guide

Lodging a claim – ACC45



Lodging a claim – ACC45

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All ACC claims are lodged using an ACC45. Most ACC registered health providers can lodge a claim within their scope of practice.

There is more information about who can lodge a claim, and the information you’ll need to include, on our website: [Lodging claims](#)

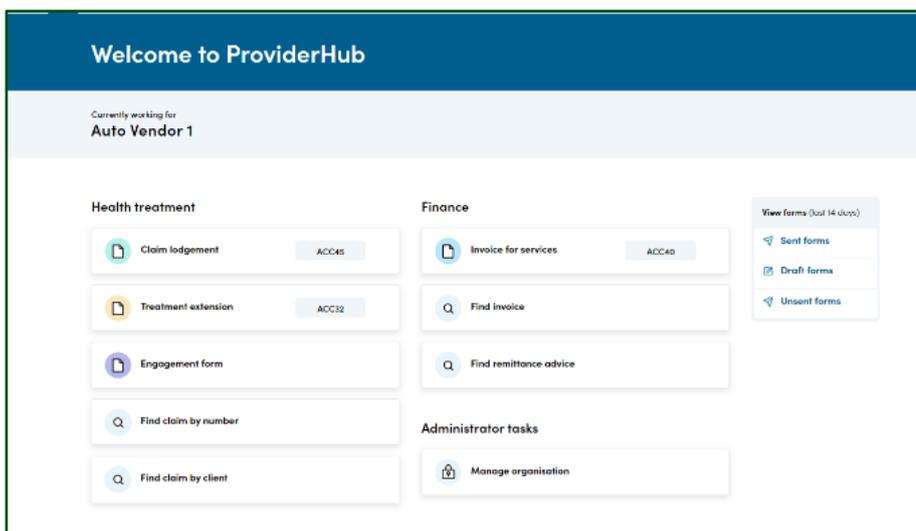
Nonclinical ProviderHub users can submit an ACC45 on behalf of an ACC provider, using the information supplied by the treating provider and when the patient has given appropriate consent.

This guide covers:

- how to lodge an ACC45 claim through ProviderHub
- how to save your progress and resume a draft invoice
- how to find sent, unsent, and draft forms
- troubleshooting.

If you don’t have access to this functionality, you will need to make a request to your organisation’s ProviderHub administrator for permission

Navigating the home page



When you log in to ProviderHub, you will be able to select **Claim lodgment** under **Health Treatment** to begin filling in a client ACC45 claim.

To successfully lodge a claim, you will need to fill in the compulsory fields marked with a red asterisk (*).



Save as a draft

The screenshot shows the 'Welcome to ProviderHub' interface. At the top, it says 'Currently working for Auto Vendor 1'. Below this, there are two main columns of form options. The left column is titled 'Health treatment' and includes: 'Claim lodgement' (ACC45), 'Treatment extension' (ACC32), 'Engagement form', 'Find claim by number', and 'Find claim by client'. The right column is titled 'Finance' and includes: 'Invoice for services' (ACC40), 'Find invoice', and 'Find remittance advice'. Below the 'Finance' column is an 'Administrator tasks' section with 'Manage organisation'. To the right of these columns is a 'View forms (out of 14 days)' menu with options for 'Sent forms', 'Draft forms', and 'Unsent forms'.

Please be aware that if you need to pause working on the form, you can save a draft by clicking the button at the bottom of the page.

You can resume the draft later by going back to the Homepage and clicking on **Draft forms**.

If you pause without saving, you will be logged out after 15 minutes and will lose the information you have entered on the form.

Once you've completed and sent your form, you can go to **Sent forms** from the homepage to view it or download a PDF copy. To check on the status of the claim you've sent us, go to **Find claim by number** and enter the claim number.

Patient reference

The screenshot shows the 'Patient reference' form. It has a sidebar on the left with navigation links: 'Patient reference', 'Patient details', 'Accident details', 'Employment details', 'Diagnosis details', 'Other assistance', and 'Summary and Declaration'. The main form area has a title 'Patient reference' and a sub-header 'Patient reference'. Below this is a note: 'The information on this page will be used for future reference, should you wish to pause this form and complete it later. You will be able to pause this form from the next screen.' The form includes a 'Vendor: YENMAN-004 - MAN004' field. The 'Patient's name' section has three input fields: '* Surname', 'Middle name(s) Optional', and '* First name'. Below these is a note: 'Enter the ACC Provider ID of the treatment provider that examined the patient and is providing the data for this claim.' There is an input field for '* ACC Provider ID'. At the bottom left is a button 'Exit without saving' and at the bottom right is a 'Next' button.

In the **Patient reference** screen, you will need to enter the patient's name and your ACC provider ID.



Patient details

In the **Patient details** screen you will need to enter information about the patient. This includes:

- NHI number
- date of birth
- ethnicity
- address

If you already have a claim number, you can enter it here. Otherwise, leave this blank and one will be created for you once you send the form.

Note: Ensure the correct patient details are entered to prevent delays in a cover decision.

Accident details

You will need to enter details of the accident. This includes the date of injury, scene, location, and a description of the accident.

The information required depends on your selections.

Note: For cover, the accident that caused the injury must be clearly identifiable.



Employment details

Next, search the patient's occupation.

Please indicate if the patient is in paid employment. If you select **Yes**, you'll need to enter additional employment information.

Diagnosis details

Select the appropriate injury code type: ICD-10, Read, or SNOMED.

Enter the injury code, select the injury side, and provide any injury comments.

For help with choosing the right Read code, refer to our resource on the ACC website [Using the right Read code](#).

Note: Diagnosis can't be for symptoms alone, such as 'pain' or 'headache'.



Fitness for work – medical and nurse practitioners only - section appears only if the patient is in paid employment

Here you can select the level of fitness for work and the date range that this applies to.

To add another level of fitness for work and a different date range, click **Add incapacity period**.

If you have a return to normal work date, you can enter that here.

Note: very few patients will meet the criteria for ‘fully unfit’. For more information see [Issuing medical certificates](#).

Other assistance

You can indicate any further assistance required on this page.

If you want to create a referral, start the process by selecting the referral type and adding referral notes.

Note: You can add up to five referrals.





Summary and declaration

Treatment provider declaration

The information collected by this form will be used by ACC to assess whether a patient's claim is covered under the ACC scheme, to manage claims and to assess and provide appropriate rehabilitation, treatment, and compensation to patients. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001.

Patient declaration and consent

I am obtaining my patient's consent by:

- Recording their signature on the paper ACC45 form
- Recording my patient's (or authorised representative's) verbal consent to the declaration and authorisation statements on their clinical record

ACC Provider ID: HIPITES ACC Vendor: VENMAN-004 - MAND04

* Consultation date: DD/MM/YYYY

I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is a result of an accident.

I also certify that I have discussed the Patient Declaration and Consent with the patient (or their representative) and have recorded their consent to it and to me lodging the claim on their behalf.

Review all the information that you've entered.

Edit any section if necessary.

Read and complete the declaration and click **Send**.

If you didn't add a claim number at the start of the form, one will be created when you **Send**.

