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Prevention. Care. Recovery.

ProviderHub

# ProviderHub training guide

## Lodging a claim – ACC45



Lodging a claim – ACC45



## Lodging a claim – ACC45 guide

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](#)

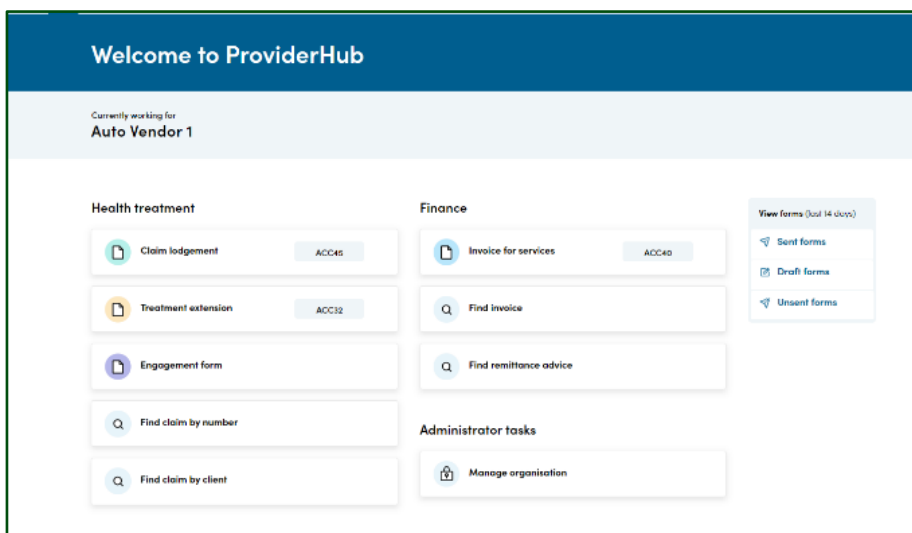
Nonclinical ProviderHub users can submit an ACC45 on behalf of an ACC provider, using the information supplied by the treating provider and when the patient has given appropriate consent.

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'll need to make a request to your organisation's ProviderHub administrator for permission

### Navigating the home page

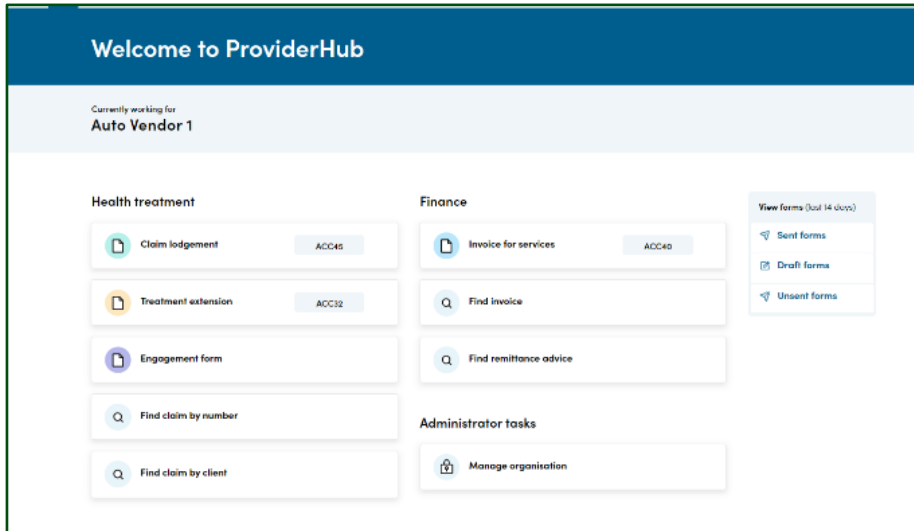


When you log in to ProviderHub, you'll be able to select **Claim lodgment** under **Health Treatment** to begin filling in a client ACC45 claim.

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



## Save as a draft



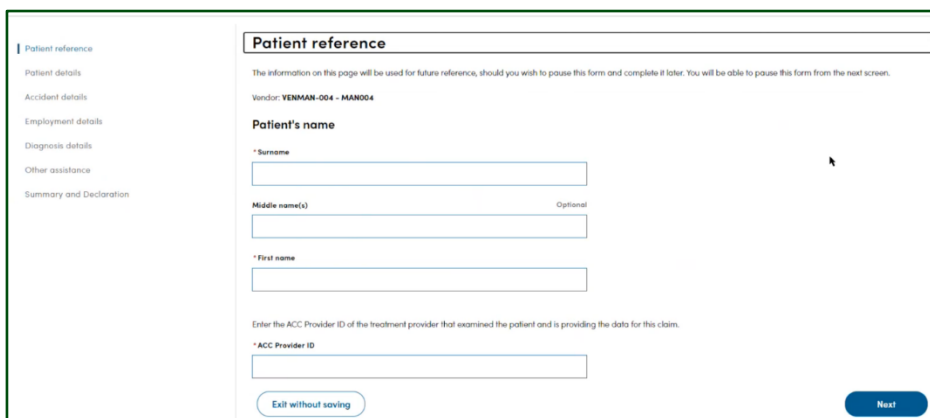
Please be aware that if you need to pause working on the form, you can save a draft by clicking the button at the bottom of the page.

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

**Important:** If you pause without saving, you'll be logged out after 15 minutes and will lose the information you've 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 the status of the claim you've sent us, go to **Find claim by number** and enter the claim number.

## Patient reference



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



## Patient details

**Patient details**

NHI number Optional  
ABC1234

\* Date of birth  
DD/MM/YYYY

\* Gender  
 Female  
 Male  
 Another gender  
 Unknown

\* Ethnic background  
[Dropdown menu]

This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.

Home address

In the **Patient details** screen you'll 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

**Accident details**

\* Date of injury  
DD/MM/YYYY

\* Did the accident involve a moving motor vehicle on a public road?  
 Yes  
 No  
This includes being a driver or passenger in a stationary vehicle, struck by a moving vehicle or travelling for work purposes. This doesn't include off-road or non-motorised vehicles, or to a stationary vehicle that is being repaired.

\* Is this claim a result of a treatment injury?  
 Yes  
 No  
A treatment injury is when your patient has an injury caused by treatment from a registered health professional. See [ACC's website](#) to learn more about treatment injuries.

\* Accident scene  
[Dropdown menu]

\* Accident location  
[Dropdown menu]

Please specify the city or district the accident occurred in. There are also options for overseas in the air

You'll 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 authorized representative's) verbal consent to the declaration and authorisation statements on their clinical record

ACC Provider ID: HPITES      ACC Vendor: VENMAN-004 - MAN004

\* 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**.

