

# Reimbursement of client travel expenses

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](mailto: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.

For more information visit [Travelling for treatment and rehabilitation \(acc.co.nz\)](http://Travelling for treatment and rehabilitation (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:

- that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.

### I authorise:

- ACC to collect the following information and to use and disclose it in accordance with the purposes set out above and in ACC's Privacy Policy:
  - 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 provide it to ACC
  - the treatment provider to lodge this claim for me

Signature:	Date:
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## 3. Representative's declaration and signature (if applicable)

I declare that, to the best of my knowledge, the information on this form is correct, and I have the client's authority to sign this form.

Representative's name:	Phone number:
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What is your relationship to the client?

Why is the client unable to sign this form?

Signature:	Date:
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## 4. Your bank account details

Please select one of the options below:

- Please use the bank account details I have previously provided to ACC for payments or
- Please use the bank account details provided on this form for this reimbursement request only or
- Please use the bank account details provided on this form for this reimbursement request and for all other payments associated with my claim

Bank account name:

Bank account number:

## 5. Your travel details

Date of travel	Travel from (address/location <sup>1</sup> )	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) <sup>2</sup>
							\$
							\$
							\$
							\$
							\$
							\$
							\$

<sup>1</sup>For example: 19 Aitken St, Thorndon, Wellington 6011 or Wingate Train Station or Bus Stop C, Courtney Place.

<sup>2</sup>Not applicable for travel by private car. ACC can only pay a standard rate per kilometre.

## 6. Information required

We need to make sure we have the right information so we can get your money to you as quickly as possible. Please complete the checklist before sending this to us.

I have:

- Attached the receipts for all travel mentioned in Section 5 (not applicable to travel by private car).
- Attached the proof of my bank account if required.

This is required when you're providing new bank account details. We accept any of the following documents as proof of the bank account details:

- 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
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## 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](https://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](mailto: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)
							\$
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