

Prescription reimbursement form

Complete this form to request help with the cost of your prescriptions.

When you're finished, please return this form to the address on the enclosed information sheet. If you need any help please call us on 0800 101 996.

1. Your details	
Your name:	ACC45 or claim number:
Date of birth:	Date of your injury:
Residential address:	
Postal address if different from above:	

2. 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:
<input type="checkbox"/> attached my prescription receipts.
<input type="checkbox"/> added my bank account number _____ OR
<input type="checkbox"/> attached a letter/statement from my bank or photocopies/print outs from internet banking with my name and account number printed on it OR
<input type="checkbox"/> sent in my bank details to ACC for reimbursement before.
<input type="checkbox"/> signed the form.

3. Prescription details				
Date dispensed	Name of prescribed medicine	Injury the medicine was prescribed for	Amount charged	ACC use only

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4. Client declaration

I declare that the information on this form is correct and that I have not withheld any information likely to affect my request for reimbursement.

I authorise any medical provider to release information to ACC to help ACC decide whether they can reimburse these costs.

Signature:

Date:

5. Client representative's declaration

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:

What is your relationship to the client?

Why is the client unable to sign this form?

Signature:

Date:

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Prescription reimbursement

If your doctor prescribes medicine to help with your recovery and rehabilitation, we may be able to contribute to the costs.

When can we help?

We can help with your prescription costs if we've accepted your claim and the prescribed item is:

- needed to treat your injury
- classified as a prescription, restricted, pharmacy-only or controlled medicine
- prescribed by a doctor who is allowed to prescribe.

Pharmaceuticals that need prior approval

If your doctor or specialist wants to prescribe an item that is not subsidised, they need to ask for special approval to make sure we can reimburse some or all of the costs involved.

To do this, they'll need to complete an *ACC1171 Request for pharmaceutical funding* form which is available at www.acc.co.nz/resources

Special approvals only last for a limited time.

How to request reimbursement

Please complete the ACC249 Prescription reimbursement form, attach your invoices and email the form to:

- myaccreceipts@acc.co.nz
- or send to ACC Pharmaceutical Reimbursement, PO Box 408, Dunedin 9054.

Prescription receipts and invoices

Please send us the receipts your pharmacy gave you.

If you've lost your receipts, just ask your pharmacy to give you a copy.

We're here to help

For help with our services, language or cultural support you can call your client service staff member, phone 0800 101 996 or visit www.acc.co.nz.