

Please complete this form to register your organisation for ACC's eBusiness applications.

To use these applications, you must have a Health Secure digital certificate. If you don't already have one, application forms are available at: <http://www.acc.co.nz/for-providers/set-up-and-work-with-acc/work-electronically-with-acc/PRV00012>

If you need help or have any questions, please contact our eBusiness Team on 0800 222 994 option 1 or email ebusinessinfo@acc.co.nz

Please return completed form/s to New Zealand Health and Disability Sector Registration Authority, PO Box 30823, Lower Hutt 5040.

ORGANISATION DETAILS

Organisation's name:	
ACC Vendor identifier:	
Contact name:	
eMail address:	
Organisation's phone number:	Fax number:

SYSTEM DETAILS

<p>1. I require access to:</p> <p><input type="checkbox"/> ACC eLodgement website – to send ACC45 forms electronically</p> <p><input type="checkbox"/> ACC eForm website – to send invoices electronically and perform online queries</p>
<p>2. If you have a Practice Management System, please tick to show which one:</p> <p><input type="checkbox"/> MedTech 32 <input type="checkbox"/> Houston Medical <input type="checkbox"/> Account4it (Peak) <input type="checkbox"/> Profile for Mac <input type="checkbox"/> Profile for Windows</p> <p><input type="checkbox"/> Filemaker Pro <input type="checkbox"/> MedCen <input type="checkbox"/> ClinicAide <input type="checkbox"/> Next Generation <input type="checkbox"/> NZ PhysioPro</p> <p><input type="checkbox"/> My Practice <input type="checkbox"/> Gensolve <input type="checkbox"/> Quick-as <input type="checkbox"/> Excellent <input type="checkbox"/> Incisive</p> <p><input type="checkbox"/> Comrad <input type="checkbox"/> Karisma <input type="checkbox"/> Other – <i>please specify:</i></p> <p>OR I do not have one of the systems named above and intend to use the:</p> <p><input type="checkbox"/> ACC eSchedule XML Builder</p> <p><input type="checkbox"/> ACC web form for lodging injury claims (ACC45) or web form for electronic invoicing</p>
<p>3. I have the following web browser:</p> <p><input type="checkbox"/> Internet Explorer <input type="checkbox"/> Firefox <input type="checkbox"/> Safari <input type="checkbox"/> Other – <i>please specify:</i></p>
<p>4. The computer that I will be using to communicate electronically with ACC is a :</p> <p><input type="checkbox"/> PC or laptop <input type="checkbox"/> Mac <input type="checkbox"/> Other</p>
<p>5. I have the following operating system:</p> <p><input type="checkbox"/> Windows 7 <input type="checkbox"/> Vista <input type="checkbox"/> XP <input type="checkbox"/> OSX <input type="checkbox"/> Other – <i>please specify:</i></p>

CONDITIONS FOR eBUSINESS WITH ACC

- (1) All forms transmitted electronically to ACC must be true and correct.
- (2) Invoices for services must only be transmitted to ACC if the services have been provided to a client or ACC, in accordance with the provisions of the applicable ACC legislation or contract.
- (3) ACC may cancel this permission to transmit forms electronically at any time (without liability for any costs or compensation) by giving two weeks' written notice.
- (4) Forms must be transmitted in accordance with the specifications and protocols notified by ACC from time to time.
- (5) Adequate procedures must be put in place to ensure ACC system security standards, as set out in 'ACC Security Policy for Electronic Business', are met.

DECLARATION

I declare that:

- the information given in this application is true and correct
- I have read, understood and accept the conditions specified above
- I am authorised to make this declaration on behalf of the organisation.

Your name – First name:

Family name / surname:

Signature:

Date:

Job title:

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.