

Application for ACC health provider registration



Please return this completed application to ACC Provider Vendor Registrations, P O Box 30823, Lower Hutt 5040, or email registrations@acc.co.nz.

Note: If you are self-employed or setting up a new practice you will also need an ACC Vendor ID to enable ACC to pay your business for services provided and you will also need to complete the ACC111 Vendor Registration which can be downloaded from our website www.acc.co.nz or contact our Provider Contact Centre on 0800 222 070.

1. Provider details			
Title:	First name:	Surname:	
Work phone number:	Mobile phone number:		
Work email address:	Practice name (if applicable):		
Work physical address:			
Postal address (if different):			
Preferred contact method (tick one):			
<input type="checkbox"/> Work phone number	<input type="checkbox"/> Mobile phone number	<input type="checkbox"/> Work email address	<input type="checkbox"/> Post
Profession(s):		Ethnicity (optional):	
Professional registration number:		Health Provider Index number (if known):	
2. Rate of payment			
If your profession is one of the following please indicate your professional group and rate of payment			
<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Osteopath	<input type="checkbox"/> Speech therapist	<input type="checkbox"/> Physiotherapist	
Rate of payment	<input type="checkbox"/> Per patient		<input type="checkbox"/> Hourly
3. Documentation			
<input type="checkbox"/> I have attached a copy of my Annual Practising Certificate			
4. Declaration			
I declare that the information I have provided on this application is current, true and correct and has not been modified.			
Provider name (please print):		Date:	
Provider signature:			

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.