

# Breast Prostheses Claim Form

To be completed by the eligible person

Please print clearly using capital letters.

## Eligible person details

First name(s)			Last name		
Date of birth					
Unit/flat no.	Street no.	Street name			
Suburb	City/town		Postcode		
Contact phone number					
Email address					

## Claim details

<input type="checkbox"/> Initial claim	<input type="checkbox"/> Subsequent claim	(Please tick relevant claim)	
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Bilateral	(Please tick relevant claim)
Date of purchase			
Item(s) purchased			
Total amount of purchase	\$		<b>Note:</b> A medical certificate (if initial claim) and proof of purchase must accompany this form.
Total amount claimed	\$		

## Certification (Please tick the appropriate box)

<input type="checkbox"/>	I am submitting this claim on my own behalf. My Ministry of Health payee number is:	
<input type="checkbox"/>	I am authorising my provider to claim for this service on my behalf.	

I declare that, as an eligible person, I am entitled to publicly funded health care in accordance with any eligibility direction issued under section 32 of the New Zealand Public Health and Disability Act 2000, or any eligibility direction continued by section 112 (1) of that Act, and declare that I am not eligible for any kind of assistance from the Accident Compensation Corporation. I certify that as the eligible person named above, I have been supplied with the breast prosthesis services claimed.

Signature		Date	
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## For Ministry of Health use only

Total amount payable	\$	Checked by		Date	
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Once completed, please sign and send printed form to:  
Ministry of Health, Private Bag 1942, Dunedin 9054  
For further enquiries, telephone: 0800 458 448