

# Breast Prostheses Claim Summary Form

To be completed by the provider of services

Please print clearly using capital letters.

Ministry of Health payee number

Section 88 Notice number

Provider name

Business address

City/town

Postcode

Contact phone number

Email address

## Claim details

Total number of initial claims

Total number of subsequent claims

Total number of claims attached

Total amount claimed \$

**Note:**

All claim forms to which this claim summary form relates must be attached to this form.

## Certification

I certify that the eligible people whose claim forms are attached have been supplied with the breast prostheses services claimed.  
I claim the above amount on behalf of these eligible people.

Signature of provider

Date

## For Ministry of Health use only

Total number of initial claims payable

Checked by

Total number of subsequent claims payable

Total amount payable \$

Date

Once completed, please sign and send the printed form to:  
Ministry of Health, Private Bag 1942, Dunedin 9054  
For further enquiries, telephone: 0800 458 448