



CLAIM FORM FOR LEAD MATERNITY CARER, LABOUR & BIRTH



MANATŪ HAUORA

Please ensure completed forms are attached to the Claim Summary and send to: HealthPAC, Health Payments, Agreements and Compliance, P.O. Box 1026, Wellington 6140.

LEAD MATERNITY CARER DETAILS

PRACTITIONER TYPE Medical Council of New Zealand Midwifery Council of New Zealand REGISTRATION NUMBER
 PRACTITIONER NAME

WOMAN DETAILS

NHI NUMBER EDD MATERNAL DEATH (where applicable) Yes

BABY DETAILS

| | |
|--|--|
| Baby 1 | Baby 2 (where applicable) |
| Date of Birth <input type="text"/> | Date of Birth <input type="text"/> |
| Apgar Score <input type="text"/> At 5 minutes | Apgar Score <input type="text"/> At 5 minutes |
| Condition <input type="checkbox"/> Liveborn <input type="checkbox"/> Stillborn | Condition <input type="checkbox"/> Liveborn <input type="checkbox"/> Stillborn |
| Birth Weight <input type="text"/> Grams | Birth Weight <input type="text"/> Grams |
| NHI of Liveborn Baby <input type="text"/> | NHI of Liveborn Baby <input type="text"/> |

DETAILS OF SERVICE PROVIDED

LMC Attendance at Birth Yes No

DETAILS OF CLAIM

Date Module Ended

| | Tick applicable box | Amount Claimed (GST exclusive) |
|---|--|--|
| LMC - Labour & Birth | <input type="checkbox"/> First Birth <input type="checkbox"/> VBAC <input type="checkbox"/> Subsequent Birth | \$ <input type="text"/> : <input type="text"/> |
| Labour Established | Date <input type="text"/> Time <input type="text"/> : <input type="text"/> | |
| LMC - Labour & Birth (if a GP or Obstetrician has used Hospital Midwifery Services) | <input type="checkbox"/> First Birth <input type="checkbox"/> VBAC <input type="checkbox"/> Subsequent Birth | \$ <input type="text"/> : <input type="text"/> |
| Labour Established | Date <input type="text"/> Time <input type="text"/> : <input type="text"/> | |
| Labour & Birth Exceptional Circumstances | | \$ <input type="text"/> : <input type="text"/> |
| Labour and Birth Rural Support | | \$ <input type="text"/> : <input type="text"/> |
| Homebirth Supplies and Services | | \$ <input type="text"/> : <input type="text"/> |
| Birthing Unit Services | | \$ <input type="text"/> : <input type="text"/> |
| TOTAL AMOUNT CLAIMED (GST exclusive) | | \$ <input type="text"/> : <input type="text"/> |

REASON SERVICE COMPLETED

Woman moved to next module of care Woman has changed Maternity Provider Woman has transferred to Secondary Care

SAMPLE ONLY - NOT TO SCALE