

SAMPLE ONLY - NOT TO SCALE

CLAIM FORM FOR ULTRASOUND SERVICES

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.



MANATŪ HAUORA

PRACTITIONER DETAILS

PRACTITIONER TYPE Medical Council of New Zealand REGISTRATION NUMBER [grid] PRACTITIONER NAME [grid]

SERVICE & CLAIM DETAILS

Table with columns: NHI Number, EDD, LMP (estimate if necessary), Referring LMC Type (Medical Council of New Zealand, Midwifery Council of New Zealand), Referring Registration Number, Indication for Ultrasound Scan, Referral Date, Date of Service, Amount Claimed (GST exclusive)

TOTAL AMOUNT CLAIMED (GST exclusive) \$ [grid]