

Primary Maternity Services Claim Summary Form



Maternity provider details

Payee number

Agreement number

Payee name

Agreement holder's name

Claim reference

Details of claim

Number of forms attached

Grand total amount claimed (GST exclusive)

\$.

GST (if GST registered)

\$.

Grand total amount claimed (GST inclusive)

\$.

Certification

I understand that:

- the Ministry of Health will use the information in this application form in a manner consistent with the Privacy Act 1993 to process claims for the provision of primary maternity services made under the Primary Maternity Services Notice 2007
- the information in this application form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law.

I certify that:

- I/we have complied with the conditions (if any) of my/our authorisation to claim under the Primary Maternity Services Notice 2007 issued by the Ministry of Health
- the information contained in this form is true and correct.

Authorisation holder's signature

Date

Ministry of Health only

Total number of forms entered

Total amount paid (GST exclusive)

\$.

Entered by

Date

Certified by

Date