

# Claim Form for Lead Maternity Carer, First and Second Trimester



## Lead Maternity Carer details

Practitioner type Registration number

Medical Council of New Zealand 

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Midwifery Council of New Zealand

Practitioner name 

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## Woman details

NHI number (mandatory) EDD

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## Details of service provided

Number of visits in the first trimester Number of visits in the second trimester

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## Details of claim

Date module ended Tick applicable box Amount claimed (GST exclusive)

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 Full module  First partial  Last partial \$ 

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## Reason service completed

Woman moved to next module of care  Woman has changed maternity provider  Woman has transferred to secondary care  Woman has had a miscarriage  Woman has had a termination