

Claim Form for Lead Maternity Carer, Services Following Birth

Lead Maternity Carer details

Practitioner type
 Medical Council of New Zealand Midwifery Council of New Zealand

Registration number

Practitioner name

Woman/caregiver details

Service provided to
 Birth mother Caregiver

NHI number (mandatory)

Date of discharge from Lead Maternity Carer

The following must be completed if the claim is for the birth mother.

EDD

Smoking status (at two weeks following birth)
 No Yes

Number of cigarettes per day
 Less than 10 10-20 20+

Baby details

Baby 1					Baby 2 (where applicable)				
NHI number	<input type="text"/>				NHI number	<input type="text"/>			
Date of birth	<input type="text"/>				Date of birth	<input type="text"/>			
Condition	<input type="checkbox"/> Liveborn	<input type="checkbox"/> Stillborn			Condition	<input type="checkbox"/> Liveborn	<input type="checkbox"/> Stillborn		
Date of neonatal death (where applicable)	<input type="text"/>				Date of neonatal death (where applicable)	<input type="text"/>			
Breastfeeding	Exclusive	Fully	Partial	Artificial	Breastfeeding	Exclusive	Fully	Partial	Artificial
At 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At discharge from LMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At discharge from LMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby's ethnicity	Completion of this section will assist the monitoring of health trends amongst different ethnic groups. The categories comply with the NZHIS Standards. The person can/may select up to three groups they identify with.								
	<input type="checkbox"/> NZ / European	<input type="checkbox"/> Samoan	<input type="checkbox"/> Niuean	<input type="checkbox"/> Other Pacific	<input type="checkbox"/> Indian				
	<input type="checkbox"/> Other European	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> South East Asian	<input type="checkbox"/> Other Asian				
	<input type="checkbox"/> New Zealand Māori	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other				

Details of service provided

Number of visits during inpatient postnatal stay

Number of midwifery home visits provided

Referral to Well Child provider
 Plunket Other Date of referral to Well Child provider

Referral to GP
 Yes Date of referral to GP

Woman declined referral to Well Child provider

Woman declined referral to GP

Details of claim

Date module ended

	Woman received inpatient care	Tick applicable box	Amount claimed (GST exclusive)
LMC – services following birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full module <input type="checkbox"/> First partial <input type="checkbox"/> Last partial	\$ <input type="text"/> . <input type="text"/>
LMC – services following birth (if a GP or obstetrician has used hospital midwifery services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full module <input type="checkbox"/> First partial <input type="checkbox"/> Last partial	\$ <input type="text"/> . <input type="text"/>
		Additional postnatal visits	\$ <input type="text"/> . <input type="text"/>
Rural travel	<input type="checkbox"/> Semi-rural	<input type="checkbox"/> Full module <input type="checkbox"/> First partial <input type="checkbox"/> Last partial	\$ <input type="text"/> . <input type="text"/>
	<input type="checkbox"/> Rural	<input type="checkbox"/> Full module <input type="checkbox"/> First partial <input type="checkbox"/> Last partial	\$ <input type="text"/> . <input type="text"/>
	<input type="checkbox"/> Remote rural	<input type="checkbox"/> Full module <input type="checkbox"/> First partial <input type="checkbox"/> Last partial	\$ <input type="text"/> . <input type="text"/>
Rural area unit classification code <input type="text"/>		Total amount claimed (GST exclusive)	\$ <input type="text"/> . <input type="text"/>

Reason service completed

Woman has changed maternity provider Woman has transferred to secondary care LMC care completed