Claim Form for Non-LMC First Trimester

MINISTRY OF HEALTH
MANATŪ HAUORA

Practitioner details

Practitioner type

- ☐ Medical Council of New Zealand
- ☐ Midwifery Council of New Zealand

Registration number

Practitioner name

Woman details

NHI number (mandatory)

EDD

LMP (estimate if necessary)

Details of service provided

Number of visits in the first trimester

Details of claim

Date module ended

- ☐ Without miscarriage or termination
- ☐ With miscarriage or termination

Amount claimed (GST exclusive)

$.

$.

Reason service completed

- Woman transferred to LMC care ☐
- Woman transferred to secondary care ☐
- Woman has had a miscarriage ☐
- Woman has had a termination ☐
- Woman has changed PHO practice ☐

Please ensure completed forms are attached to the Claim Summary and sent to: Ministry of Health, PO Box 1026, Wellington 6140.