Claim Form for Non-LMC
First Trimester

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.
February 2016