



CLAIM FORM FOR REGISTRATION OF WOMAN WITH LEAD MATERNITY CARER



This form is to be completed when a woman registers with you as her Lead Maternity Carer. It must be completed in full consultation with the woman and a copy provided to her. This form must be submitted to HealthPAC for payment within 20 days of signing.

REGISTRATION TYPE Registration Change in Lead Maternity Carer

DETAILS OF LEAD MATERNITY CARER

PRACTITIONER ID TYPE Medical Council of New Zealand Nursing Council of New Zealand/Midwifery Council of New Zealand

REGISTRATION NUMBER (i.e. MCNZ, NCNZ)

AGREEMENT NUMBER - PAYEE NUMBER

NAME OF LEAD MATERNITY CARER

DETAILS OF WOMAN

NHI EDD / / GRAVIDA PARITY LMP / / (estimate if necessary)

NAME OF WOMAN

Surname or Family Name

First Name

Previous Name(s)

ADDRESS

Street Name & Number

Suburb

City/Town

DATE OF BIRTH / /

ETHNICITY Completion of this section will assist the monitoring of health trends amongst different ethnic groups. The categories comply with NZHIS Standards. The woman should select up to three groups she identifies with.

- NZ/European
- Samoan
- Niuean
- Other Pacific
- Indian
- Other European
- Cook Island Maori
- Tokelauan
- South East Asian
- Other Asian
- New Zealand Maori
- Tongan
- Fijian
- Chinese
- Other

DETAILS OF CLAIM

REGISTRATION FEE TOTAL AMOUNT CLAIMED (GST inclusive) \$:

CERTIFICATION

WOMAN

I have chosen the above Lead Maternity Carer for my pregnancy care, labour and birth and services following birth. I understand that my Lead Maternity Carer will arrange for any other maternity services that I might need. I understand that I can change my Lead Maternity Carer at any time.

I understand that my Lead Maternity Carer will be forwarding the claim forms to the Ministry of Health and that the Ministry of Health will be using this information to monitor health services in a manner consistent with the Health Information Privacy Code 1994.

Signature of Woman Date

LEAD MATERNITY CARER

I certify that I have been chosen by the above-named woman as her Lead Maternity Carer for pregnancy care, labour and birth and services following birth and that I accept the obligations of a Lead Maternity Carer as detailed in the Section 88 Maternity Service Notice.

Signature of Lead Maternity Carer Date

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REGISTRATION NUMBER (i.e. MCNZ, NCNZ)

AGREEMENT NUMBER - PAYEE NUMBER

NAME OF LEAD MATERNITY CARER

DETAILS OF WOMAN

NHI EDD / / GRAVIDA PARITY LMP / /
(e.g. ABC1234) Please phone 0800 855 151 if you need assistance with the NHI. (estimate if necessary)

NAME OF WOMAN

Surname or Family Name
First Name
Previous Name(s)

ADDRESS

Building Name
Street Name & Number
Suburb
City/Town

DATE OF BIRTH / /

ETHNICITY Completion of this section will assist the monitoring of health trends amongst different ethnic groups. The categories comply with NZHIS Standards. The woman should select up to three groups she identifies 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 Maori | <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |

DETAILS OF CLAIM

REGISTRATION FEE TOTAL AMOUNT CLAIMED (GST inclusive) \$:

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Signature of Woman Date

LEAD MATERNITY CARER

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Signature of Lead Maternity Carer Date