

Forensic Pathology – Coroner Authorised Post Mortem



MINISTRY OF HEALTH
MANATŪ HAUORA

FS002

Please complete form when providing each coroner authorised post mortem claim (forensic pathology services).

Details of Claimant

REGISTRATION NO. (YOUR NZMC NUMBER) OTHER – PLEASE SPECIFY

OCCUPATION (✓REQUIRED) SPECIALIST PATHOLOGIST GENERAL PRACTITIONER

Details of Deceased

NHI AUTOPSY REFERENCE NO.

NAME (BLOCK CAPITALS) SURNAME OR FAMILY NAME

FIRST NAME/S

Details of Service and Claim

Name of Coroner (BLOCK CAPITALS) Surname or Family name

First name/s

District of Coroner

Post Mortem Date / / DD/MM/YY Time (am/pm) (HH.MM)

Details of Claim

		No.	Amount \$ (GST inclusive)
Fee Summary	Fee for Postmortem examination	@ \$750.00	= \$ <input type="text"/> . <input type="text"/>
	Fee for Preparation of histological specimens	@ \$67.33	= \$ <input type="text"/> . <input type="text"/>
	Fee for Secretarial work	@ \$27.33	= \$ <input type="text"/> . <input type="text"/>
	Fee – Other examination	@ \$100.00	= \$ <input type="text"/> . <input type="text"/>
	Fee – Other functions	@ \$19.00	= \$ <input type="text"/> . <input type="text"/>
	Additional Fee – emergency postmortem or outside normal hours	@ \$180.00	= \$ <input type="text"/> . <input type="text"/>
	Fee – Other Lab tests	@ \$22.34	= \$ <input type="text"/> . <input type="text"/>
	Fee – Motor Vehicle Allowance 1-3000 km	@ \$0.62c x <input type="text"/>	= \$ <input type="text"/> . <input type="text"/>
	3000 km and over	@ \$0.19c x <input type="text"/>	= \$ <input type="text"/> . <input type="text"/>

Total Amount Claimed (G.S.T. inclusive) \$.

Certification

I certify that this claim is made in accordance with the Coroner’s (Fee) regulations 1992 and was provided in accordance with the Coroner’s Act 1998, in response to a written authority from the Coroner, which I hold available for inspection.

/ /

Signature of Pathologist Specialist/Medical Practitioner Date