

Forensic Pathology – Claim Summary



MANATŪ HAUORA

FS001

Details of the Practitioner

YOUR REFERENCE NO.

HPAC PAYEE NO. (PLEASE CONTACT 0800 252 464 IF YOU DO NOT HAVE YOUR PAYEE NUMBER)

AGREEMENT NO.

PAYEE NAME (BLOCK CAPITALS)

REGISTRATION NO. (YOUR NZMC NUMBER)

Details of Claim

Number of Forms Attached

		No.	Amount \$ (GST inclusive)
Fee Summary	Fee for Postmortem examination	@ \$750.00	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Fee for Preparation of histological specimens	@ \$67.33	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Fee for Secretarial work	@ \$27.33	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Fee – Other examination	@ \$100.00	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Fee – Other functions	@ \$19.00	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Additional Fee – emergency postmortem or outside normal hours	@ \$180.00	x <input type="text"/> = \$ <input type="text"/> . <input type="text"/>
	Fee – Other Lab tests	@ \$22.34	x <input type="text"/> = \$ <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 Forensic Pathology services, as defined in the Coroners (Fees) Regulations 1992, were provided by the Pathologist/Practitioner named on the attached claim forms. These services were provided in response to a written authority from the Coroner, which I hold available for inspection.

Signature

/ /

Date