

Details of Claimant

Claim Reference No. PAYEE No. Agreement No.

NZMC No. Locum NZMC

Name Of Claimant

Details of Claim

Number Of Claim Schedules Attached

Dates Of Service From / / To / /

Schedule Summary

Please enter in the specific box the total number of Patient Claim Codes included in this claim schedule and calculate accordingly

Code	Number	Rate	Amount
Y1	<input type="text"/>	\$35.00	\$ <input type="text"/>
Y3	<input type="text"/>	\$35.00	\$ <input type="text"/>
YZ	<input type="text"/>	\$35.00	\$ <input type="text"/>
J1	<input type="text"/>	\$20.00	\$ <input type="text"/>
J3	<input type="text"/>	\$15.00	\$ <input type="text"/>
JZ	<input type="text"/>	\$20.00	\$ <input type="text"/>
A1	<input type="text"/>	\$15.00	\$ <input type="text"/>
A3	<input type="text"/>	\$00.00	\$ <input type="text"/>
AZ	<input type="text"/>	\$15.00	\$ <input type="text"/>

GMS Subtotal \$

No. Of Km Travelled (MVA) KM X \$00.18 \$

Total Of Claim \$

Certification

In signing below, I certify that the details provided in the summary form and in the claim schedule are in all respects true and accurate and in accordance with the Advice Notice. In particular, I certify that I personally provided the General Medical Services claimed, to the patients in person, as listed in the claim schedule.

Signature Of Claimant

Date / /

General Medical Services

Code	Description
Y1	Dependent child under 6 - Community Services Card Holder
Y3	Dependent child under 6 – Not a Community Services Card Holder
YZ	Dependent child under 6 – High Use Health Card Holder
J1	Dependent child 6 – 18 years – Community Services Card Holder
J3	Dependent child 6 – 18 years – Not a Community Services Card Holder
JZ	Dependent child 6 –18 years – High Use Health Card Holder
A1	Adult – Community Services Card Holder
A3	Adult – Not a Community Services Card Holder
AZ	Adult – High Use Health Card Holder