

BREAST PROSTHESES CLAIM FORM
To be completed by the Eligible Person
Please print clearly and legibly

Full Name:

Residential Address:

Date of Birth:

CLAIM DETAILS

***Initial claim/Subsequent claim** (*Please delete as appropriate)

***Left/Right/Bilateral** (*Please delete as appropriate)

Date of Purchase:

Item(s) Purchased:

Total \$ Amount of Purchase:

Total \$ Amount Claimed:

Note: The following documents **must** accompany this form:

1. Medical Certificate (if initial claim)
 2. Proof of Purchase
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CERTIFICATION

(Please tick the appropriate box)

I am submitting this claim on my own behalf. My Sector Services (formerly HealthPAC) payee number is:

I am authorising my Provider to claim for this service on my behalf.

I declare that as an Eligible Person, I am entitled to publicly funded health care in accordance with any eligibility direction issued under Section 32 of the New Zealand Public Health and Disability Act 2000, or any eligibility direction continued by Section 112 (1) of that Act and declare that I am not eligible for any kind of assistance from the Accident Compensation Corporation. I certify that as the Eligible Person named above I have been supplied with the breast prostheses services claimed.

Signature:

Date:

SECTOR SERVICES USE ONLY

Total \$ Amount Payable:

Checked By:

Date:
