

# Claim Form for Lead Maternity Carer, Labour and Birth



## Lead Maternity Carer details

Practitioner type

- Medical Council of New Zealand
- Midwifery Council of New Zealand

Registration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Practitioner name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Woman details

NHI number (mandatory)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

EDD

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Maternal death (where applicable)

Yes

## Baby details

### Baby 1

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apgar score

--	--

At 5 minutes

Condition

Liveborn

Stillborn

Birth weight

--	--	--	--	--	--

grams

NHI of liveborn baby

--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Baby 2 (where applicable)

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apgar score

--	--

At 5 minutes

Condition

Liveborn

Stillborn

Birth weight

--	--	--	--	--	--

grams

NHI of liveborn baby

--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Details of service provided

LMC attendance at birth

Yes

No

## Details of claim

Date module ended

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tick applicable box

Amount claimed (GST exclusive)

LMC – labour and birth

First birth

VBAC

Subsequent birth

\$

--	--	--	--

--	--

Labour established

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Time

--	--

:

--	--

LMC – labour and birth (if a GP or obstetrician has used hospital midwifery services)

First birth

VBAC

Subsequent birth

\$

--	--	--	--

--	--

Labour established

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Time

--	--

:

--	--

Labour and birth exceptional circumstances

\$

--	--	--	--

--	--

Labour and birth rural support

\$

--	--	--	--

--	--

Homebirth supplies and services

\$

--	--	--	--

--	--

Birthing unit services

\$

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Total amount claimed (GST exclusive)

\$

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## Reason service completed

Woman moved to next module of care

Woman has changed maternity provider

Woman has transferred to secondary care