

Auckland PHO Sexual Health Claim

FAX TO Auckland PHO – 379 4024 - WHEN EPISODE OF CARE HAS BEEN COMPLETED

PATIENT DETAILS

NHI Number		Gender	M
		<i>Circle</i>	F
DOB	D	M	Y
Ethnicity	Maori		
	Pacific		
	Asian		
	Other		
Patient Enrolled <i>Circle</i>	Yes	No	
IF NOT ENROLLED TICK ONE OPTION BELOW			↓
School Student			
International Student			
Casual General (not student)			

Practice Stamp

			FEE	CLAIM
1. Sexual Health Consultation	Date			
Chlamydia Screen Results →	Negative <i>Circle</i>	Consultation Fee →	\$32.00	
	No further claim Fax form for payment	POSITIVE Follow-up Consult	\$15.00	
			Total Excl GST	

Name of GP: _____

GP Signature: _____ **Date:** _____