MINISTRY OF HEALTH
MANATU HAUORA

WIGS AND HAIRPIECES CLAIM FORM

To be completed by the Eligible Person

Please print clearly and legibly

Full Name:

Address:

Date of Birth:

CLAIM DETAILS

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

***Temporary condition/Permanent condition** (*Please delete as appropriate)

Date of Purchase:

Item(s) Purchased: Multifunctional hats and headwear

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

CERTIFICATION

(Please tick the appropriate box)

☐ ~~I am submitting this claim on my own behalf. My number is: Ministry of Health payee~~ ☐

☑ 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 wigs and hairpieces services claimed.

Signature:

Date:

MINISTRY OF HEALTH USE ONLY

Total $ Amount Payable:

Checked By:

Date:

All claims for payment are to be sent to: WHBP Team, Private Bag 1942, DUNEDIN 9054. For further enquiries, telephone toll free on 0800 855 066.