

**BREAST PROSTHESIS CLAIM FORM****To be completed by the Eligible Person**

Please print clearly and legibly

**Full Name:****Phone Contact:****Address:****Date of Birth:****NHi Number:****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

**CERTIFICATION**

(Please tick the appropriate box)

☐

I am submitting this claim on my own behalf. My 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 wigs and hairpieces services claimed.

**Signature:****Date:**  
a registered service provider**HEALTHPAC USE ONLY****Total \$ Amount Payable:****Checked By:****Date:**Post this completed form to: **Naturalwear, P.O. Box 24341, Royal Oak, Auckland, 1345;**

Naturalwear will send your claims for payment to: HealthPac, Po BOX 1026, Wellington.

For further enquiries, telephone toll free on 0800 458 448

**For assistance in completing this form, call Naturalwear on 0800 612 612**