



Poly-fluorinated alkyl substances (PFAS) claim form (Psychological Therapies & Mental Health Services)

For assistance in completing this form please contact Leigh Philpott on 0429 473 611

Name of Provider	<input type="text"/>	Patient Reference No.	<input type="text"/>
Address of Provider	<input type="text"/>	Date of Service DD / MM / YY	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>		
ABN	<input type="text"/>	LGA service conducted in:	<input type="text"/>
Email address for remittance advice	<input type="text"/>		
 Signature of provider	<input type="text"/>	 Signature of patient / guardian	<input type="text"/>

By signing above I declare that the service has been provided.

By signing above I declare that I have received this service and that I currently live or work, or have previously lived or worked in one of the Investigation Areas


All forms are to be submitted to:

claims@hneccphn.com.au

Psychological Therapies and Mental Health Services will be reimbursed at your existing contracted rate with HNECC per consultation plus GST. A maximum of six sessions per patient is allowed.

Incomplete forms will be returned for completion prior to processing

Office use only

Practice details on record	<input type="checkbox"/>	Approved by	<input type="text"/>
Payment authorised	<input type="checkbox"/>		<input type="text"/>
Register updated	<input type="checkbox"/>	Signature of approver	<input type="text"/>
Duplication check performed	<input type="checkbox"/>	Date approved	<input type="text"/>
