



# Poly-fluorinated alkyl substances (PFAS) claim form (Pre and Post Blood Tests)

For assistance in completing this form please contact Melissa Cromarty on 0431 199 208  
If not previously completed, a Supplier Registration Form will need to be completed to facilitate payment.

Name of Practice	<input type="text"/>	Patient Reference No.	<input type="text"/>
Address of Practitioner	<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"/>	Consultation Type	<input type="checkbox"/> Pre-Test
Email address for remittance advice	<input type="text"/>		<input type="checkbox"/> Post-Test

	<input type="text"/>	Name of Practitioner who rendered the above services	<input type="text"/>
Signature of practitioner / Practice Staff member		Provider Number of Practitioner who rendered the above services	<input type="text"/>
By signing above I declare that the service has been provided.			

	<input type="text"/>
Signature of patient / guardian	
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](mailto:claims@hneccphn.com.au)

*Pre and post blood test counselling consultation fees will be reimbursed at \$80 per consultation plus GST. A maximum of two 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"/>