



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

For assistance in completing this form please contact HNECC PHN 1300 859 028

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](mailto: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*

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Office use only

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

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