

Immunisation Benefit Claim Summary

This form is to accompany any immunisation form on which a payment is claimed.

Ministry use only

Claim number

Received date (DD/MM/YYYY)

Details of claimant

Claim reference

Payee number

Agreement number

 /

Agreement holder name

Details of practitioner

Registration number

Medical Council

Nursing Council

X whichever is applicable

Surname or family name

First name(s)

Details of locum (if applicable)

Locum registration number

Surname or family name

First name(s)

Summary details of claim

Number of Claim Detail Forms attached

Dates of service from (DD/MM/YYYY)

to

Claim code combination				Description	Quantity
IMOA	IMFA	IMFV	IMZF		
✓				Administration of at least one vaccine (including zoster) other than influenza	
	✓	✓		Administration of influenza vaccine only	
✓		✓		Administration of influenza vaccine and at least one other vaccine, with exception of zoster	
	✓	✓	✓	Administration of zoster and influenza vaccines only	
✓		✓	✓	Administration of zoster and influenza vaccines plus at least one other vaccine	

Certification

I certify that this claim is in accordance with the Section 88 Advice Notice, PHO agreement or other approved agreement for immunisation services, and is for immunisation services provided by me personally or by a registered nurse in my practice within a programme approved by the Ministry of Health for which the vaccine has been supplied by an authorised agent of the District Health Board. I hereby claim the sum shown above on behalf of the patients listed on the attached detail forms. I have ticked the appropriate columns to indicate each specific immunisation given. This claim is in lieu of any other fee that I might otherwise be entitled to receive under the Section 88 Advice Notice for General Practitioners, PHO Agreement or other approved agreement.

Signature of claimant

Date (DD/MM/YYYY)

Send completed forms to **IMMS, Ministry of Health, PO Box 1026, Wellington 6140**

Visit: health.govt.nz and search 'Immunisation Subsidy' Ph: 0800 855 066

March 2020 | HP 5929