Practice Nurse Claim Schedule



For enquires telephone 0800 855 066

Claim reference No		PAYEE No.		Agreement No			
NZMC No.		Locum NZMC					
Date service from		to		Approved hours		5	
Name of claimant							
Practitioner/locum hours worked per week							
Please confirm the total number of hours worked each week by practitioner/locum							
Hours week 1 Hours week 2		Hours week 3		Hours week 4		Hours week 5	
Claim details							
Nurse's APC	Nurse's name	Hours week 1	Hours week 2		Hours week 4		Nurse's signature
		-					
		-					
		-					
		-					
		-					
		-					
	Total hours per week						
Total hours claimed in this schedule							
Total \$ amount claimed (Total hours x rate of \$11.00)							
Certification							
I understand the nature of the subsidy scheme. I certify that the above named nurse(s) have been employed in professional nursing duties and that the amount claimed is true and correct.							
Signature of approved practitioner/locum						Date	