



## **Midwife Marde Swan**

**Practice number: 305446**

**ABN: 89265313991**

### **Birth Preparation Course**

COURSE DATE: \_\_\_\_\_

#### **Client Details:**

Name and Surname: \_\_\_\_\_ Mobile number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Partner Name: \_\_\_\_\_

Due date: \_\_\_\_\_ **OR** Age of baby: \_\_\_\_\_

Private Health Insurance Y ☐ N ☐ (You may be eligible to claim from your Pvt. Health Insurer)

#### **Course Details:**

Date to attend: \_\_\_\_\_ Fee \$290.00 Payment method (please select)

Bank transfer ☐ Pay-ID ☐ Cash ☐ AfterPay ☐ EFPOS ☐

Banking details: Westpac, BSB: 034664, Acc: 515037. Mobile Number 0498 543 243

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- Long Antenatal Attendance (Face-to-Face): 82110
- Antenatal Attendance (Tele-Health): 91211/2
- Long Postnatal Attendance (Face-to-Face): 82135
- Postnatal Attendance (Tele-Health): 91214/5

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Copy of Card made €

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Medicare Number: \_\_\_\_\_

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COURSE DATE: \_\_\_\_\_

#### **Client Details:**

Name and Surname: \_\_\_\_\_ Mobile number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Partner Name: \_\_\_\_\_

Due date: \_\_\_\_\_ **OR** Age of baby: \_\_\_\_\_

Private Health Insurance Y ☐ N ☐ (You may be eligible to claim from your Pvt. Health Insurer)

#### **Course Details:**

Date to attend: \_\_\_\_\_ Fee \$290.00 Payment method (please select)

Bank transfer ☐ Pay-ID ☐ Cash ☐ AfterPay ☐ EFPOS ☐

Banking details: Westpac, BSB: 034664, Acc: 515037. Mobile Number 0498 543 243

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Receipt sent: ☐ Pvt. Health Inv. ☐

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- Long Antenatal Attendance (Face-to-Face): 82110
- Antenatal Attendance (Tele-Health): 91211/2
- Long Postnatal Attendance (Face-to-Face): 82135
- Postnatal Attendance (Tele-Health): 91214/5

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Copy of Card made €

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

INO: \_\_\_\_\_ Exp: \_\_\_\_\_

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Date: \_\_\_\_\_

Midwife Marde Swan: \_\_\_\_\_

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