



## **Midwife Marde Swan**

**Practice number: 305446**

**ABN: 89265313991**

### **Baby CPR & 1<sup>st</sup> Aid 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 \$160.00 Payment method (please select)

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

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

#### **Declaration:**

Herby I \_\_\_\_\_ agree to pay the full fee at minimum 48 hours prior to the date of the course.

Should full payment remain outstanding, The Practice (Midwife Marde Swan) reserves the right to retain the 50% Deposit paid to cover loss of income, and refuse access to the Course.

All materials and information obtained during the said course, remains the intellectual property of The Practice, thus **NOT to be shared or redistributed to a third party.**

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

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#### **Official Use only**

Client number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

50% Deposit paid ☐ Booking Confirmed ☐ Final Payment received ☐

Receipt sent: ☐ Pvt. Health Inv. ☐

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**Midwife Marde Swan \*M 0498 543 243 \* F 4429 8162 \* [mardeswan@gmail.com](mailto:mardeswan@gmail.com) \* [www.midwifemardeswan.com](http://www.midwifemardeswan.com)**

*Honors Degree: Nursing & Midwifery (UJ 1995); La Leche League (ILLL 2015); Endorsed/Prescribing Midwife (Griffith 2018); Sonography (AUI 2019); Emmett Therapist (Emmett 2020)*



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### **Assignment of Medicare Benefits**

Dear Client

This Practice makes use of Medicare Bulk-Billed claims via 'Web-Claims' (PRODA).  
By signing this document, you give this Practice consent to claim either one/or all of the following Item Numbers, which will form part of Midwifery services rendered:

- Long Antenatal Attendance (Maternity Plan): 82115
- 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

Place Medicare Card Here

Copy of Card made €

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

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

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

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

Signature: \_\_\_\_\_

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

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

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