

Psychotherapy Supervision Reimbursement Claim Form for AARMOS

Auckland Regional Psychiatric Registrar Training Programme

Registrar's Name:.....

Current Rotation Name:.....

Current DHB:.....

Date of Session:..... Cellphone or Pager No.:.....

Name(s) of other Registrars receiving supervision together with me from this supervisor, who were present for this session:

.....

Total \$ claimed for this session (circle)

\$..... (max. that can be claimed/session is \$140 if only 1 registrar present)

\$..... (max. that can be claimed/session is \$70 if 2 registrars are present)

\$..... (max. that can be claimed/session is \$47 if 3 registrars present)

\$..... (max. that can be claimed/session is \$35 if 4 registrars are present)

PLEASE NOTE:

Attach original receipt to this claim form and forward via internal mail to AARMOS via Auckland Hospital mailroom.

Enquiries regarding reimbursements should be directed to:

Auckland Regional RMO Service
Postal Address: Private Bag 92189, Auckland
Location: Level 3, Building 14, Greenlane Clinical Centre
Phone: 631 0707 Fax: **623 4644**

NB:

You must also download and attach the MAIN AARMOS REIMBURSEMENT CLAIM with this

See AARMOS website www.arrmos.co.nz

For Psychiatric registrar issues, Alia Kapoor is the contact person.