

## Claim form for no shows

No shows will be paid as per the conditions of the allied health professional ATAPS Agreement. No shows must be recorded in Fixus. On receipt of this form, the claim will be compared with the relevant data on Fixus prior to payment.

**Client ID Number** \_\_\_\_\_

**Provider (AHP) Name** \_\_\_\_\_

### Program stream

**General**                      **PND**                      **Child**                      **Aboriginal and Torres Strait Islander**  
**Extreme Climactic Events (Bushfire)**                      **SPS**

**Session #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Provider (AHP) Signature**

**Please email this form to**

**[kallisteni.costas@emphn.org.au](mailto:kallisteni.costas@emphn.org.au)**