

## Reimbursement Approval Summary

Participant ID: P001

Visit Number: 1

Visit Date: 2024-06-04 00:00:00

Visit Location: Perth Children's Hospital

Approved Date: 2025-07-08

Parking: \$15

Meal: \$18.56

KM Amount: \$5.5

Distance: 12.5 km

Visit Duration: 2.5 hrs

Air Travel: \$nan

Accommodation: \$nan

Caregiver Present: Yes

Sub Visit Imaging: Yes

Total Claimed: \$39.06

Notes: nan