

**127 141 BECKETT ST** 

**MELBOURNE VIC 3000** 

000003-000209

ZEXI DENG

#### **TAX INVOICE - REMINDER UNLESS PAID WITHIN 14 DAYS, FURTHER ACTION MAY BE TAKEN**

INVOICE NUMBER 77335196

**INVOICE DATE** 07/09/2021

**AMOUNT DUE** \$120.00

**DUE DATE** 09/10/2021

24-hour automated credit card payments

Have a payment question? Please call 1800 350 046 Monday to Friday: 9:00am - 5:00pm

**1800 350 046** (24 Hour)

PATHOLOGY PROVIDER: DR ALAN MCNEIL **PROVIDER No.: 0349897H** 

SERVICE DATE	REF NO.	SCP	DESCRIPTION OF SERVICE	ITEM NO.	AMOUNT
23/08/21	32362187	SCP-A01	PANCREATIC ELAS NO REBATE	4725	\$40.00
23/08/21	32362187	SCP-A01	CALPROTECTIN NO REBATE	4724	\$80.00

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Tests requested:

**ZEXI DENG** 

By DR SURESH SIVANESAN, Provider No. 235073VL

Date 18/08/2021

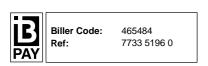
**CONTINUED OVERLEAF** 

## **PAYMENT SLIP** - 3 Easy ways to pay

Have a payment question?

Please call 1800 350 046 Monday to Friday: 9:00am - 5:00pm

**PATIENT NAME:** INVOICE NUMBER: AMOUNT DUE: **DUE DATE:** INVOICE DATE: 07/09/2021 77335196 \$120.00 09/10/2021 ZEXI DENG





Biller Code: 1002250 7733 5196 bpoint.com.au/payments/dorevitch



Phone: 24-hour automated credit card payments 1800 350 046

#### Thank you for your prompt payment

PLEASE SEE REVERSE FOR MORE WAYS TO PAY

### **HOW TO PAY YOUR ACCOUNT AND CLAIM A REFUND**

- Step 1 Please pay your account in full by the due date using one of the available payment methods.
- Dorevitch Pathology will send you a receipt once payment is received. Step 2
- To claim a refund from Medicare and/or your Health Fund, send a copy of this invoice and your Dorevitch Step 3 Pathology receipt along with your claim.

#### **OTHER PAYMENT METHODS**



MAIL - Please detach and send the payment slip at the bottom of this invoice along with a cheque or money order made payable to "Dorevitch Pathology" to:

**Accounts Department** Locked Bag 2288 St Leonards NSW 1590

A receipt will be sent to you once payment is received. Please do not send cash through the mail.



POST OFFICE - For your convenience this account can be paid at any AusPost office.

Billpay Code: 2391

7733 5196 1 Ref:



### **SPECIAL ACCOUNTS**

1. REPAIRIATION PAI	IENI	
Repatriation Number:		Date of Birth:
2. WORKCOVER – WO	RKER'S COMPENSATION	
Claim Number:		
Employer:		
Employer's Address		
Insurance Company		
Insurance Company's Addres	s:	
3. TRANSPORT ACCID	ENT COMMISSION – MOTOR A	CCIDENT
Claim Number:	Date of Accident:	Date of Birth:
If you are covered by any of the requested above and mail to:	ne above categories, you do not need to	pay this account. Instead, please fill in the details

Dorevitch Pathology Accounts Department, Locked Bag 2288, St Leonards NSW 1590





# What is Generation™

Non-Invasive Prenatal Testing (NIPT) represents a major advance in screening and risk assessment for chromosomal abnormalities.



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SERVICE DATE	REF NO.	SCP	DESCRIPTION OF SERVICE	ITEM NO.	AMOUNT		
NOTES: #Denotes G	ST Applies						
Testing performed is not claimable with Medicare and requires payment in full.							
* REMIND	ER *						
UNLESS PA	AID WITHIN 14	DAYS, FUR	RTHER ACTION MAY BE TAKEN	INVOICE AMOUNT	\$120.00		

AMOUNT DUE

\$120.00