

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

000003-000209
ZEXI DENG
127 141 BECKETT ST
MELBOURNE VIC 3000

000

INVOICE NUMBER **77335196**

INVOICE DATE **07/09/2021**

AMOUNT DUE \$120.00

DUE DATE 09/10/2021

24-hour automated credit card payments
1800 350 046 (24 Hour)

Have a payment question?

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

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

Tests requested:

For ZEXI DENG

By DR SURESH SIVANESAN, Provider No. 235073VL

Date 18/08/2021

CONTINUED OVERLEAF

PLEASE KEEP THE TOP OF THIS INVOICE FOR YOUR RECORDS. PLEASE SEND A COPY OF THIS INVOICE TO MEDICARE AND / OR YOUR HEALTH FUND WITH YOUR CLAIM

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: ZEXI DENG	INVOICE DATE: 07/09/2021	INVOICE NUMBER: 77335196	AMOUNT DUE: \$120.00	DUE DATE: 09/10/2021
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Biller Code: 465484
Ref: 7733 5196 0



Biller Code: 1002250
Ref: 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.
- Step 2** Dorevitch Pathology will send you a receipt once payment is received.
- Step 3** To claim a refund from Medicare and/or your Health Fund, send a copy of this invoice and your Dorevitch 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

Ref: 7733 5196 1



*2391 77335196 1

SPECIAL ACCOUNTS

1. REPATRIATION PATIENT

Repatriation Number: Date of Birth:.....

2. WORKCOVER – WORKER'S COMPENSATION

Claim Number:

Employer:

Employer's Address:

Insurance Company:

Insurance Company's Address:

3. TRANSPORT ACCIDENT COMMISSION – MOTOR ACCIDENT

Claim Number:..... Date of Accident:Date of Birth:.....

If you are covered by any of the above categories, you do not need to pay this account. Instead, please fill in the details requested above and mail to:

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.

Generation®
a new era in prenatal testing

Ask your GP or ObOB-GYN for details



SERVICE DATE	REF NO.	SCP	DESCRIPTION OF SERVICE	ITEM NO.	AMOUNT
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NOTES:

#Denotes GST Applies

Testing performed is not claimable with Medicare and requires payment in full.

* REMINDER *

UNLESS PAID WITHIN 14 DAYS, FURTHER ACTION MAY BE TAKEN

INVOICE AMOUNT \$120.00

AMOUNT DUE \$120.00

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