



Capital Radiology Pty Ltd
32 Queensberry Street
CARLTON VIC 3053
Phone: 0396713711
Fax:
ABN: 37 126 357 944

TAX INVOICE PAYABLE TO CAPITAL RADIOLOGY PTY LTD

Invoice To: Mr Dangwal, Sankalp
128 Student Village
CARLTON VIC 3053
Australia

Invoice No: 8850597
Invoice Date: 19/05/2023
Due Date: 26/05/2023
Patient Name: MR SANKALP DANGWAL
Fund/Member No:

Service Provider: DR YUAN LING (5550847A)
LSPN: 009503

Serv Date	Serv Time	Service	Item No	Ref Date	Rebate	Amount
Services for: Mr Dangwal, Sankalp; Request: 2023CAR0006153 (Outpatient, CULLEN, Thomas [5468618Y])						
19/05/2023	14:35	XR KNEE LEFT	57523	18/05/2023	\$38.40	\$65.00
Notes:						Excl. GST \$65.00
						GST \$0.00
						TOTAL \$65.00

Payment Summary:					
Date	Type	Paid By	Amount	Amount This Invoice	Our Ref.
19/05/2023	Credit Card		\$65.00	\$65.00	1288704
Total payments received for this invoice: \$65.00					

AMOUNT DUE: \$0.00

PAYMENT OPTIONS - Return this portion with your payment

1. BY BPAY



Surname: DANGWAL
Given Name: SANKALP
Invoice Date: 19/05/2023
Invoice No: 8850597

2. BY EFT

BSB: 083 170 Account Number: 734578784
Account Name: Capital Radiology Pty Ltd
Reference: 8850597
Remittance: ar@capitalradiology.com.au

3. BY MAIL

Post this portion along with your cheque/money order made payable to Capital Radiology, PO Box 551 East Melbourne, VIC 8002

4. CREDIT CARD

Enter your credit card details in the space provided below and post to Capital Radiology at the address listed above; OR Telephone on 0393483327 between 9.00am - 5.00pm Monday to Friday to arrange payment by credit card.

☐ Mastercard

☐ VISA

Card Number

Card Holder's Name
Signature

Expiry Date
Amount Paying

AMOUNT DUE: \$0.00