

**TAX INVOICE**

<b>To:</b> <b>Altido Consulting Services</b> PO Box 295 Toongabbie, NSW 2146	<b>Invoice Date</b>	14/11/2023
	<b>Invoice No</b>	INVARC160418
	<b>Condition</b>	Parkinsons disease

**Client Information**

<b>Name</b>	<b>John Watkins</b>	<b>Reference No</b>	<b>431537956</b>
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**Referrer Information**

<b>Referrer Name</b>	<b>Manoj Sheoran</b>	<b>Provider No</b>	<b>N/A</b>	<b>Referral Date</b>	<b>N/A</b>
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		<b>Date</b>	<b>Code</b>	<b>Description</b>	<b>Provider</b>	<b>Price</b>	<b>Qty</b>	<b>Discount</b>	<b>GST</b>	<b>Total</b>
1190023	-	14/11/2023	15_200_0126_1_3	NDIS IDL Exercise Physiology Group Class 60-minutes	Erica Molloy 6080282H	55.66	1.00	0.00	0.00	55.66
- Unpaid <input type="radio"/> Part Paid <input checked="" type="radio"/> Paid in Full										
<b>INVOICE TOTAL</b>									<b>0.00</b>	<b>55.66</b>

**Notes**

Thank you for your business

<b>Transactions</b>	<b>Date</b>	<b>Amount</b>
<b>No payment has been made</b>		

<b>Balance</b>	<b>55.66</b>
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**Payment terms 24 Hours****Direct Deposit****Bank: NAB****BSB: 082 212****Acc: 82 443 6317****Reference: Please use Invoice Number****Cheques payable to Advance Rehab Centre****Credit card payments can be made by calling the office**

**Invoice # 55**

**Name: Thirumal subramaniyam**

**NDIS No: 431288127**

**Service details: 06.11.2023 to 12/11/2023**

**06.11.2023: Monday**

**2 hours of assistance with self-care activities**

**(01\_011\_0107\_1\_1) (\$54.47x2) = \$ 110.94**

**07.11.2023: Tuesday**

**3 hours of Community participation:**

**(04\_106\_0125\_6\_1):(\$55.47 X 3) =\$ 166.41**

**09.11.2023: Thursday**

**2 hours of assistance with self-care activities**

**(01\_011\_0107\_1\_1) (\$54.47x2) = \$ 110.94**

**11.11.2023: Saturday**

**2.5 hrs of Daily activity (01\_013\_0107\_1\_1) (\$80.10 x2.5) = \$ 200.25**

**12.11.2023: Sunday:**

**3 hrs of daily activity: (04\_106\_0125\_6\_1)( \$100.16 X 3) =\$ 300.48**



**Provided By:** Sarah Van de Velde  
**ABN:** 23 602 276 120  
**Address:** Level 1, 41 Court Road  
Fairfield NSW 2165  
**Email:** info@psychorium.com  
**Phone:** (02) 8772 9559

**Invoice To:** Altido Consulting Services  
(Manoj Sheoran)  
**Address:** PO Box 295  
Toongabbie NSW 2146  
Australia

For bank transfers please use the following details:

Name: PsychOrium  
Bank: National Australia Bank  
Branch: Marrickville  
BSB: 082-356  
Account: 73-026-7591

**Provided To:** Anthony Cremona  
**Appointment:** 13/11/2023 12:00 PM

**Tax Invoice:** 9675  
**Date:** 13/11/2023

Mailing Address: PO Box 20, Manahan, NSW,  
2200

Please make payment using PayID:  
info@psychorium.com and reference your invoice  
number to ensure payment is recorded correctly.

## Items

Date	Qty	Code	Item Name & Description	Price	GST	Total
13 Nov 2023	1.00	15_054_0128_1_3	Individual Therapy - NDIS (Telehealth)	\$214.41	\$0.00	\$214.41
					<b>Total GST</b>	<b>\$0.00</b>
					<b>Invoice Total</b>	<b>\$214.41</b>

## Payments

Date	Payment Method	Received
Total Paid		\$0.00
Balance Owing		\$214.41



# TAX INVOICE

Ayaana HAQUE  
6 Mulvihill Crescent  
DENHAM COURT NSW 2565  
AUSTRALIA

**Invoice Date**  
18 Oct 2023

**Invoice Number**  
18837

**ABN**  
26 644 682 155

Olive Tree Therapy Pty  
Limited  
PO Box 474  
LIDCOMBE NSW 1825  
AUSTRALIA  
Email:  
accounts@olivetreetherap  
y.com.au  
Phone No.: 0436 289 634

Description	Quantity	Unit Price	GST	Amount AUD
1hour STAN SP - 15_622_0128_1_3, Assessment Recommendation Therapy or Training - Speech Pathologist	1.00	193.99	GST Free	193.99
20mins SP Provider Travel - 15_622_0128_1_3, Assessment Recommendation Therapy or Training - Speech Pathologist	1.00	64.66	GST Free	64.66
20mins SP Provider Travel - 15_622_0128_1_3, Assessment Recommendation Therapy or Training - Speech Pathologist	1.00	64.66	GST Free	64.66
Subtotal				323.31
<b>TOTAL AUD</b>				<b>323.31</b>

## Due Date: 18 Oct 2023

Bank Details -  
Olive Tree Therapy Pty Limited  
BSB : 062 194  
Account Number: 1071 9882

## PAYMENT ADVICE

**Customer** Ayaana HAQUE  
**Invoice Number** 18837  
**Amount Due** **323.31**  
**Due Date** 18 Oct 2023

**Amount Enclosed**

Enter the amount you are paying above

To: Olive Tree Therapy Pty Limited  
PO Box 474  
LIDCOMBE NSW 1825  
AUSTRALIA  
Email: accounts@olivetreetherapy.com.au  
Phone No.: 0436 289 634



# TAX INVOICE

Ayaana HAQUE  
6 Mulvihill Crescent  
DENHAM COURT NSW 2565  
AUSTRALIA

**Invoice Date**  
3 Nov 2023

**Invoice Number**  
19310

**ABN**  
26 644 682 155

Olive Tree Therapy Pty  
Limited  
PO Box 474  
LIDCOMBE NSW 1825  
AUSTRALIA  
Email:  
accounts@olivetreetherap  
y.com.au  
Phone No.: 0436 289 634

Description	Quantity	Unit Price	GST	Amount AUD
1hour STAN OT - 15_617_0128_1_3, Assessment Recommendation Therapy or Training - Occupational Therapist	1.00	193.99	GST Free	193.99
20mins OT Provider Travel - 15_617_0128_1_3, Assessment Recommendation Therapy or Training - Occupational Therapist , 0128 Therapeutic Supports, 15, Improved daily living skills	1.00	64.66	GST Free	64.66
20mins OT Provider Travel - 15_617_0128_1_3, Assessment Recommendation Therapy or Training - Occupational Therapist , 0128 Therapeutic Supports, 15, Improved daily living skills	1.00	64.66	GST Free	64.66
Subtotal				323.31
<b>TOTAL AUD</b>				<b>323.31</b>

## Due Date: 3 Nov 2023

Bank Details -  
Olive Tree Therapy Pty Limited  
BSB : 062 194  
Account Number: 1071 9882

# PAYMENT ADVICE

**Customer** Ayaana HAQUE  
**Invoice Number** 19310  
**Amount Due** **323.31**  
**Due Date** 3 Nov 2023

## Amount Enclosed

Enter the amount you are paying above

To: Olive Tree Therapy Pty Limited  
PO Box 474  
LIDCOMBE NSW 1825  
AUSTRALIA  
Email: accounts@olivetreetherapy.com.au  
Phone No.: 0436 289 634