



COMPUTER GENERATED INVOICE

LOVELAND, MR P G
19 AFRICAN LODGE
AFRICAN STR
GRAHAMSTOWN
6139

Drs Dietrich, Voigt Mia & Partners
Practice No: 5200539
Vat registration No: 4600103826

Enquiries: 086 0100 442
FAX: 086 5688 254
Email: accountsepathcare.org

PathCare Business Centre
Neels Bothma Street
Private Bag X107, N1 CITY, 7463

TAX INV NO: F2939579
INVOICE DATE: 24/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
18/05/2016	810093690	3755 FULL BLOOD COUNT 0091 PATIENT IN HOSPITAL	149.70
18/05/2016	810093690	3797 PLATELET COUNT 0091 PATIENT IN HOSPITAL	32.10
18/05/2016	810093690	4171 UREA/ELECTROLYTES 0091 PATIENT IN HOSPITAL	225.70
18/05/2016	810093690	4032 CREATININE 0091 PATIENT IN HOSPITAL	51.50
19/05/2016	810088367	4370 SODIUM-VALPROATE-S (EPILUM) 0091 PATIENT IN HOSPITAL	176.70

To receive your PathCare bill via Email, SMS your Reference number & Email address to 31962. STD SMS rates apply.

Pg 1 of 1

TOTAL
635.70

14% VAT Incl.



9201 2062 9395 791



1136 1062 9395 790

ACCOUNT NAME : PATHCARE
BANKING DETAILS : STANDARD BANK
BRANCH NAME : THIBAUT SQ.
BRANCH CODE : 020909
ACCOUNT NUMBER : 070837767
ACCOUNT TYPE : CURRENT
REF NO. : F2939579
SWIFT CODE : SBZAJJ

MEDICAL AID : GENESIS MED AID
MED AID NO. : 00477736
PATIENT : LOVELAND, ERNEST
PAT DOB : 07/03/91
PAT TEL NO. : 0829207335
REF DR : GREEFF, DR G P
DR PRAC NO. : 2401045



Single: 647810ddsp 0017100003539



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PathCare Business Centre
Neels Bothma Street
Private Bag X107, N1 CITY, 7463

TAX INV NO: F2915387
INVOICE DATE: 23/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
16/05/2016	810084511	3755 FULL BLOOD COUNT 0091 PATIENT IN HOSPITAL	149.70
16/05/2016	810084511	3797 PLATELET COUNT 0091 PATIENT IN HOSPITAL	32.10
16/05/2016	810084511	4113 POTASSIUM-S 0091 PATIENT IN HOSPITAL	51.50
16/05/2016	810084511	4114 SODIUM-S 0091 PATIENT IN HOSPITAL	51.50
17/05/2016	810093796	3755 FULL BLOOD COUNT 0091 PATIENT IN HOSPITAL	149.70
17/05/2016	810093796	3797 PLATELET COUNT 0091 PATIENT IN HOSPITAL	32.10
17/05/2016	810093796	4171 UREA/ELECTROLYTES 0091 PATIENT IN HOSPITAL	225.70
17/05/2016	810093796	4032 CREATININE 0091 PATIENT IN HOSPITAL	51.50

To receive your PathCare bill via Email, SMS your Reference number & Email address to 31962. STD SMS rates apply.

Pg 1 of 1

TOTAL
743.80

14% VAT Incl.



9201 2062 9153 877



1136 1062 9153 876

ACCOUNT NAME : PATHCARE
BANKING DETAILS : STANDARD BANK
BRANCH NAME : THIBAUT SQ.
BRANCH CODE : 020909
ACCOUNT NUMBER : 070837767
ACCOUNT TYPE : CURRENT
REF NO. : F2915387
SWIFT CODE : SBZAJJ

MEDICAL AID : GENESIS MED AID
MED AID NO. : 00477736
PATIENT : LOVELAND, ERNEST
PAT DOB : 07/03/91
PAT TEL NO. : 0829207335
REF DR : POHL, DR P
DR PRAC NO. : 0180001804871



Pay with your phone

Single_615220ddsp_000685/001389

Anne Knowles

BSc.Physiotherapy (Wits)

HPCSA: PT0079936

VAT Nr: 4330264419

PR: 072 000 0219061

Flora Clinic, Mayo 8 First Floor
Postnet Suite 214 Private Bag X1
Northcliff, 2115

Cell: 082 572 1833

Tel: 011 679 2167

Fax: 086 614 0120

remittances@rehabilita.co.za

STATEMENT

ACC. NO.	01095
DATE	10/11/2016
PAGE	1

MR PC LOVELAND
P O BOX 720
RIDGE TERRACE
2168

MEDICAL AID	Genesis 00477736
PATIENT (M)	ERNEST LOVELAND 9103075108087 07/03/1991
DIAGNOSIS	S06.20 V49.99 Z50.1

DATE	CODE	PROCEDURE	DEBIT	CREDIT
01/09/2016	72503	Attending: ROXANNE JASON - S06.20/V49.99 Rehabilitation - CNS	506.10	
08/09/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
14/09/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
22/09/2016	72503	Attending: SHELLY GARDINER - S06.20/V49.99 Rehabilitation - CNS	506.10	
29/09/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
06/10/2016	72503	Attending: ROXANNE JASON - S06.20/V49.99 Rehabilitation - CNS	506.10	
13/10/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
20/10/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
27/10/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	
03/11/2016	72503	S06.20/V49.99 Rehabilitation - CNS	506.10	

Account remains your responsibility.
Kindly investigate with medical aid. Thank you

TOTAL	5,061.00
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120 DAYS	90 DAYS	60 DAYS	30 DAYS	CURRENT	TOTAL
0.00	0.00	2,530.50	2,024.40	506.10	5,061.00

Banking Details : Rehabilita Standard Bank Northcliff 006305

Account Number: 402035259

Cheques payable to REHABILITA.

Credit and Debit card facilities available.