

STATEMENT

VAT Reg.No: 4680224815

LEONORA FERREIRA PHYSIO INC.
 ROOM 201 ST GEORGES MEDICAL SUITES
 PARK DRIVE PORT ELIZABETH 6001
 TEL:041-3747001 FAX:041-3747003
 ACCOUNT ENQUIRIES TEL:041-3748221 09H00-12H00 MONDAY TO FRIDAY

SCALE OF BENEFITSBAL.DUE : **1248.50**

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

PRAC. NO :	7232683	ACCOUNT NO :	046456<MM>
MED. AID :	GENESIS MEDICAL SCHEME	EMPLOYER :	
	PRIVATE COMP	REFERRED BY :	0467995-ANSARI S
MED. AID NO :	00477736	TEL.BUS :	
MAN :	DOCMED	TEL.HOME :	
Items marked with an asterisk (*) are from a previous month			
		NOTES :	

Date	Reference	Patient	Mod	Code	Qty	Original M/A Portion	Member Liab	Balance
Transactions with a CxEdi, TxEdi, PxEdi or HBEdi indicated below, have been electronically claimed on your behalf								
25/05/2016	CxEdi*S27.30, V49.59->02: E Treatment at a hospital :			72901	1.00	92.50	92.50	0.00*
25/05/2016	CxEdi*S27.30, V49.59->02: E Rehabilitation where the pathology requi			72501	1.00	231.20	231.20	0.00*
25/05/2016	CxEdi*S27.30, V49.59->02: E Rehabilitation. Each additional full 15; PM			72509	1.00	138.70	138.70	0.00*
26/05/2016	TxEdi*S27.30, V49.59->02: E Treatment at a hospital :			72901	1.00	92.50	92.50	0.00*
26/05/2016	TxEdi*S27.30, V49.59->02: E Rehabilitation where the pathology requi			72501	1.00	231.20	231.20	0.00*
26/05/2016	TxEdi*S27.30, V49.59->02: E Rehabilitation. Each additional full 15; PM			72509	1.00	138.70	138.70	0.00*
27/05/2016	TxEdi*S27.30, V49.59->02: E Treatment at a hospital :			72901	1.00	92.50	92.50	0.00*
27/05/2016	TxEdi*S27.30, V49.59->02: E Rehabilitation where the pathology requi			72501	1.00	231.20	231.20	0.00*
							1248.50	0.00

Only unpaid values are reflected
 V.A.T. of R153.31 included

02 : MR E LOVELAND - 046456 - 07/03/1991 - 9103075108087

REMITTANCE

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

LEONORA FERREIRA PHYSIO INC.
 NEDBANK CURRENT ACC
 BRANCH CODE 198765
 ACCOUNT NUMBER 1214013708

Date : 04/07/2016 046456 046456

180+Days :	0.00	150 Days :	0.00
120 Days :	0.00	90 Days :	0.00
60 Days :	0.00	30 Days :	1248.50
Current :	0.00	TOTAL DUE :	1248.50

** STRICTLY 30 DAYS **



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 5698 254
Email: accounts@pathcare.org

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

TAX INV NO: F2957845
INVOICE DATE: 24/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
19/05/2016	810098199	3895 CPE SCREENING 0091 PATIENT IN HOSPITAL	201.7 141.30

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

Pg 1 of 1

TOTAL
141.30

14% VAT Incl.



9201 2062 9578 453



1136 1062 9578 452



ACCOUNT NAME : PATHCARE
BANKING DETAILS : STANDARD BANK
BRANCH NAME : THIBAULT SQ.
BRANCH CODE : 020909
ACCOUNT NUMBER : 070837767
ACCOUNT TYPE : CURRENT
REF NO. : F2957845
SWIFT CODE : SBZAZAJJ

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



Pay with your phone

Single_647810ddsp 001771/0003541

STATEMENT

VAT Reg.No: 4400119568

DR PT POHL INC
207 ST GEORGES HOSPITAL
40A PARK DRIVE, PORT ELIZABETH, 6001
ACCOUNT ENQ- ELSEBE TEL/ 041-3744442/FAX-3744336
MONDAY - FRIDAY(O9HOO-13H00)

BAL.DUE : **13767.40**

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

PRAC. NO : 1804871

MED. AID : GENESIS
 PRIVATE COMP ACUTE
 MED. AID NO : 00477736

ACCOUNT NO : **015747<MM>**
 DATE : **02/06/2016**
 EMPLOYER :
 REFERRED BY : **1543946-GOWAR**
 TEL.BUS :
 TEL.HOME :
 NOTES :

Items marked with an asterisk (*) are from a previous month

Date	Reference	Patient	Mod Code	Qty	Original M/A Portion	Member Liab	Balance
23/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
23/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Physician's fee for interpreting an ECG: Auth. #: 00544079		1230	1.00	73.10	73.10	0.00*
24/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
25/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
26/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
							13767.40
							0.00

Only unpaid values are reflected
 V.A.T. of R1690.68 included

02 : MR ERNEST LOVELAND - 015747 - 07/03/1991 - 9103075108087

PLEASE FOLLOW UP
 WITH YOUR MEDICAL AID
 NO PAYMENT RECEIVED

REMITTANCE

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

DR PT POHL INC
207 ST GEORGES SUITES
40A PARK DRIVE, PORT ELIZABETH,6001
BANK:STANDARD-BRANCH (009953) DR PT F
A/C NO: 421475013 FAX:041-3744336
 Date : 02/06/2016 015747 015747

180+Days :	0.00	150 Days :	0.00
120 Days :	0.00	90 Days :	0.00
60 Days :	0.00	30 Days :	6577.80
Current :	7189.60	TOTAL DUE :	13767.40

ANY AMOUNTS IN THE LIABLE COLUMN IS YOUR RESPONSIBILITY. PLEASE CONFIRM WITH YOUR MEDICAL AID THAT TH
 PAYMENT. 30 DAYS

STATEMENT

VAT Reg.No: 4400119568

DR PT POHL INC
207 ST GEORGES HOSPITAL
40A PARK DRIVE, PORT ELIZABETH, 6001
ACCOUNT ENQ- ELSEBE TEL/ 041-3744442/FAX-3744336
MONDAY - FRIDAY(O9HOO-13H00)

BAL.DUE : **13767.40**

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

PRAC. NO : 1804871

MED. AID : GENESIS
PRIVATE COMP ACUTE
MED. AID NO : 00477736

ACCOUNT NO : **015747<MM>**
DATE : 02/06/2016
EMPLOYER :
REFERRED BY : 1543946-GOWAR
TEL.BUS :
TEL.HOME :
NOTES :

Items marked with an asterisk (*) are from a previous month

Date	Reference	Patient	Mod Code	Qty	Original	M/A Portion	Member Liab	Balance
04/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213	1.00	609.50	609.50	0.00*	7796.80
05/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206	1.00	609.50	609.50	0.00*	8406.30
05/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213	1.00	609.50	609.50	0.00*	9015.80
06/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206	1.00	609.50	609.50	0.00*	9625.30
06/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213	1.00	609.50	609.50	0.00*	10234.80
16/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care): Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*	10600.50
17/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care): Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*	10966.20
18/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care): Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*	11331.90
19/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*	11627.20
20/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*	11922.50
21/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*	12217.80
22/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*	12513.10

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

Continued on page 3 of 3

STATEMENT

VAT Reg No: 4400110568

DR PT POHL INC

207 ST GEORGES HOSPITAL
40A PARK DRIVE, PORT ELIZABETH, 6001
ACCOUNT ENQ- ELSEBE TEL/ 041-3744442/FAX-3744336
MONDAY - FRIDAY(09H00-13H00)

BAL.DUE : 13767.40

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

PRAC. NO : 1804871
MED. AID : GENESIS
PRIVATE COMP ACUTE
MED. AID NO : 00477736

ACCOUNT NO : **015747<MM>**
DATE : 02/06/2016
EMPLOYER :
REFERRED BY : 1543946-GOWAR
TEL.BUS :
TEL.HOME :
NOTES :

Items marked with an asterisk (*) are from a previous month

Date	Reference	Patient	Mod	Code	Qty	Original M/A	Portion	Member Liab	Balance
Attending Doctor: POHL PT									
Transactions with a CxEdi, TxEdi, PxEdi or HBEdi indicated below, have been electronically claimed on your behalf									
30/04/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> First hospital consultation/visit of an Auth. #: 00544079		0173		1.00	511.80	511.80	0.00*	511.80
30/04/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> For an emergency consultation/visit away Auth. #: 00544079		0147		1.00	275.60	275.60	0.00*	787.40
30/04/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1205		1.00	1219.10	1219.10	0.00*	2006.50
30/04/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: First day Auth. #: 00544079		1212		1.00	914.30	914.30	0.00*	2920.80
01/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206		1.00	609.50	609.50	0.00*	3530.30
01/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213		1.00	609.50	609.50	0.00*	4139.80
02/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206		1.00	609.50	609.50	0.00*	4749.30
02/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213		1.00	609.50	609.50	0.00*	5358.80
03/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206		1.00	609.50	609.50	0.00*	5968.30
03/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Ventilation: Subsequent days, per day Auth. #: 00544079		1213		1.00	609.50	609.50	0.00*	6577.80
04/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31-> Intensive care: Category 2 (ICU): Cases Auth. #: 00544079		1206		1.00	609.50	609.50	0.00*	7187.30

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

Continued on page 2 of 3



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: accounts@pathcare.org

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

TAX INV NO: F2913339
INVOICE DATE: 20/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
15/05/2016	810093381	3762 HAEMOGLOBIN 0091 PATIENT IN HOSPITAL	25.90
15/05/2016	810093381	3785 LEUCOCYTE COUNT 0091 PATIENT IN HOSPITAL	25.90
15/05/2016	810093381	3797 PLATELET COUNT 0091 PATIENT IN HOSPITAL	32.10
15/05/2016	810093381	4113 POTASSIUM-S 0091 PATIENT IN HOSPITAL	51.50
15/05/2016	810093381	4114 SODIUM-S 0091 PATIENT IN HOSPITAL	51.50
15/05/2016	810093381	3947 C-REACTIVE PROTEIN 0091 PATIENT IN HOSPITAL	154.30

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

Pg 1 of 1

TOTAL
341.20

EasyPay

9201 2062 9133 390



1136 1062 9133 399

ACCOUNT NAME	:	PATHCARE
BANKING DETAILS	:	STANDARD BANK
BRANCH NAME	:	THIBAULT SQ.
BRANCH CODE	:	020909
ACCOUNT NUMBER	:	070837767
ACCOUNT TYPE	:	CURRENT
REF NO.	:	F2913339
SWIFT CODE	:	SBZAZAJJ

MEDICAL AID : GENESIS MED AID
MED AID NO. : 00477736
PATIENT : LOVELAND, ERNEST
PAT DOB : 07/03/91
PAT TEL NO. : 0829207335
REF DR : ANSARI, DR S
DR PRAC NO. : 0467995



**MOOLMANS NEL AND POTGIETER ORTHOPAEDICS INC.
ORTHOTISTS & PROSTHETISTS
STATEMENT**

21 FRANK STREET NEWTON PARK 6045 TEL: 041 365 0425 / FAX: 041 364 3764 E-MAIL: accounts@mnporthopaedics.com	PO BOX 34688 NEWTON PARK 6055
---	-------------------------------------

Date:	01/06/2016
Practice:	0319473
Account:	064374
Page:	1 of 1

**MR.P.G.LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139**

Medical fund reference: GENESIS - PRIVATE COMP ACUTE
00477736
Main member identity number: 6711175123088
Practice VAT no.: 4260251758

Celular: 0829207335

Date:	Dependent:	Provider:	BHF/Details:	Amount:	Medical:	Self:	Due:
09/05/2016	ERNEST	MK MOOLMAN	<p>Dependent: ERNEST / Born: 07/03/1991 / Number: 02 51125 x1 Resting foot splint</p> <p>Place of service: [21]Inpatient Hospital</p> <p>Authorisation: 00544079</p> <p>ICD-10: Z46.7</p> <p>EDI details: Accepted for delivery by Switch VAT of R 122.26 included</p> <p>*** PRACTICE BANK DETAILS *** NEDBANK : ACCOUNT NR: 1029597642: BRANCH NR: 198765 NEWTON PARK QUOTE YOUR NAME / ACC NO AS REFERENCE PLEASE</p> <div style="border: 2px solid red; padding: 10px; text-align: center;"> Account submitted to your Medical Aid. Payment of this account remains your responsibility if not settled by your Medical Aid within 90 days from Date of Service. </div>	R 995.51	R 995.51	R 0.00	R 995.51

Due patient:	Due medical:	Current:	30 days:	60 days:	90 days:	90 day+:	Payable:
R 0.00	R 995.51	R 0.00	R 995.51	R 0.00	R 0.00	R 0.00	R 995.51

PAYMENT OF THIS ACCOUNT REMAINS YOUR RESPONSIBILITY



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 5686 254
Email: accounts@pathcare.org

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

TAX INV NO: F2851039
INVOICE DATE: 16/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
08/05/2016	810088830	4652 VITEK AUTO ID ORG 3 0091 PATIENT IN HOSPITAL	201.7 213.60
08/05/2016	810088830	4653 VITEK SENSITIVITY 3 0091 PATIENT IN HOSPITAL	201.7 242.00

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

Pg 1 of 1

TOTAL:
455.60

14% VAT Incl.



9201 2062 8510 390



1136 1062 8510 399

ACCOUNT NAME : PATHCARE
BANKING DETAILS : STANDARD BANK
BRANCH NAME : THIBAULT SQ.
BRANCH CODE : 020909
ACCOUNT NUMBER : 070837767
ACCOUNT TYPE : CURRENT
REF NO. : F2851039
SWIFT CODE : SBZAZAJJ

MEDICAL AID : GENESIS MED AID
MED AID NO. : 00477736
PATIENT : LOVELAND, ERNEST
PAT DOB : 07/03/91
PAT TEL NO. : 0829207335
REF DR : LANGENHOVEN, DR MARIU
DR PRAC NO. : 0180000302023



Single_42781dsp 006688/0001375

STATEMENT

VAT Reg.No: 4400119568

DR PT POHL INC
207 ST GEORGES HOSPITAL
40A PARK DRIVE, PORT ELIZABETH, 6001
ACCOUNT ENQ- ELSEBE TEL/ 041-3744442/FAX-3744336
MONDAY - FRIDAY(09H00-13H00)

BAL.DUE : **3532.60**

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

PRAC. NO : 1804871

MED. AID : GENESIS
 PRIVATE COMP ACUTE
 MED. AID NO : 00477736

ACCOUNT NO : **015747<MM>**
 DATE : 23/06/2016
 EMPLOYER :
 REFERRED BY : 1543946-GOWAR
 TEL.BUS :
 TEL.HOME :
 NOTES :

Items marked with an asterisk (*) are from a previous month

Date	Reference	Patient	Mod Code	Qty	Original M/A Portion	Member Liab	Balance
Attending Doctor: POHL PT Transactions with a CxEdi, TxEdi, PxEdi or HBEdi indicated below, have been electronically claimed on your behalf							
16/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care) : Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*
17/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care) : Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*
18/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Intensive care: Category 1 (High Care) : Auth. #: 00544079		1204	1.00	365.70	365.70	0.00*
19/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
20/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
21/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
22/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
23/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
23/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Physician's fee for interpreting an ECG: Auth. #: 00544079		1230	1.00	73.10	73.10	0.00*
24/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
25/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*

**PLEASE FOLLOW UP WITH
 MEDICALAID.
 THIS ACCOUNT MUST BE
 SETTLED WITHIN 30 DAYS.**

MR PG LOVELAND
 19 AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

Continued on page 2 of 2

STATEMENT

VAT Reg.No: 4400119568

DR PT POHL INC
207 ST GEORGES HOSPITAL
40A PARK DRIVE, PORT ELIZABETH, 6001
ACCOUNT ENQ- ELSEBE TEL/ 041-3744442/FAX-3744336
MONDAY - FRIDAY(09H00-13H00)

BAL.DUE : **3532.60**

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

PRAC. NO : 1804871

MED. AID : GENESIS
PRIVATE COMP ACUTE
MED. AID NO : 00477736

ACCOUNT NO : **015747<MM>**
DATE : 23/06/2016
EMPLOYER :
REFERRED BY : 1543946-GOWAR
TEL.BUS :
TEL.HOME :
NOTES :

Items marked with an asterisk (*) are from a previous month

Date	Reference	Patient	Mod Code	Qty	Original M/A Portion	Member Liab	Balance
26/05/2016	CxEdi*V49.59, S27.30, 02: ERNEST S06.20, J93.9, R31, S37.20-> Hospital follow-up visit to patient in w Auth. #: 00544079		0109	1.00	295.30	295.30	0.00*
					3532.60	0.00	

Only unpaid values are reflected
V.A.T. of R433.79 included

02 : MR ERNEST LOVELAND - 015747 - 07/03/1991 - 9103075108087

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

REMITTANCE

DR PT POHL INC
207 ST GEORGES SUITES
40A PARK DRIVE, PORT ELIZABETH,6001
BANK:STANDARD-BRANCH (009953) DR PT F
A/C NO: 421475013 FAX:041-3744336
Date : 23/06/2016 015747 015747

180+Days :	0.00	150 Days :	0.00
120 Days :	0.00	90 Days :	0.00
60 Days :	0.00	30 Days :	2942.00
Current :	590.60	TOTAL DUE :	3532.60

ANY AMOUNTS IN THE LIABLE COLUMN IS YOUR RESPONSIBILITY. PLEASE CONFIRM WITH YOUR MEDICAL AID THAT TH
PAYMENT. 30 DAYS



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: accounts@pathcare.org

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

TAX INV NO: F2909628
INVOICE DATE: 19/05/2016

Referred ICD 10: Z76.9/

SERVICE DATE	REFERENCE	PATHOLOGY TEST DESCRIPTION	AMOUNT
14/05/2016	810093319	3755 FULL BLOOD COUNT 0091 PATIENT IN HOSPITAL	Z01.7 149.70
14/05/2016	810093319	3797 PLATELET COUNT 0091 PATIENT IN HOSPITAL	Z01.7 32.10
14/05/2016	810093319	4171 UREA/ELECTROLYTES 0091 PATIENT IN HOSPITAL	Z01.7 225.70
14/05/2016	810093319	4032 CREATININE 0091 PATIENT IN HOSPITAL	Z01.7 51.50
14/05/2016	810093319	3947 C-REACTIVE PROTEIN 0091 PATIENT IN HOSPITAL	Z01.7 154.30
16/05/2016	810090017	3895 CPE SCREENING 0091 PATIENT IN HOSPITAL	Z01.7 141.30

Single_531720ddsp 0003000000599

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

Pg 1 of 1

TOTAL
754.60

14% VAT Incl.



9201 2062 9096 282



1136 1062 9096 281

ACCOUNT NAME : PATHCARE
BANKING DETAILS : STANDARD BANK
BRANCH NAME : THIBAULT SQ.
BRANCH CODE : 020909
ACCOUNT NUMBER : 070837767
ACCOUNT TYPE : CURRENT
REF NO. : F2909628
SWIFT CODE : SBZAZAJJ

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



Pay with your phone

Practice NameDr DG Steenkamp

304 St Georges Medical Suites,

Park Drive

St Georges Park Port Elizabeth

Phone : (041) 374 0675

VAT Nr : 4910145236

Fax : 0865869621

STATEMENT

08/06/2016

Practice # :4206886

1

00477736

File # :24076

Mr PG LOVELAND
 19 , AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

FOR INTERNET/ELECTRONIC TRF:
 INVESTEC BR 580105 ACC 1001 0881 527
 FOR ALL OTHER DEPOSITS OVER BANK COUNTER:
 INVESTEC ACC 0104 396 0306 BR 580105
 BANK DEPOSIT ABSA BANK REF NR 1001 0881 527

Member : Mr PG LOVELAND

GENESIS P O BOX 5467
 MED# : 00477736 CAPE TOWN
 8000

30/04/2016	ERNEST 02 07/03/1991	1209	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	2003.10	555.34	0.00	555.34
01/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
02/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
03/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
04/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
05/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
06/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
07/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
08/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74
09/05/2016	ERNEST 02 07/03/1991	1210	Intensive care: Category 3 (IC S39.0/V42.01 Submitted via : HealthBridge	1726.80	478.74	0.00	478.74

BANKING DETAILS: INVESTEC

BRANCH CODE: 580105

FOR INTERNET / ELECTRONIC TRANSFERS:

ACCOUNT NR: 1001 0881 527

For all other Deposits over bank counter:

Account nr: 0104 396 0306

Bank reference nr: 1001 0881 527

THANK YOU

Your medical aid has part paid this account.
 Please settle full balance by return mail.

✓ Your medical aid has part paid this account.
 Please settle full balance by return mail.

Practice Name**Dr DG Steenkamp**

304 St Georges Medical Suites,

Park Drive

St Georges Park Port Elizabeth

Phone : (041) 374 0675

VAT Nr : 4910145236

Fax : 0865869621

STATEMENT

08/06/2016

Practice # :4206886

2

00477736

File # :24076

Mr PG LOVELAND
 19 , AFRICAN LODGE
 AFRICAN STREET
 GRAHAMSTOWN
 6139

FOR INTERNET/ELECTRONIC TRF:
 INVESTEC BR 580105 ACC 1001 0881 527
 FOR ALL OTHER DEPOSITS OVER BANK COUNTER:
 INVESTEC ACC 0104 396 0306 BR 580105
 BANK DEPOSIT ABSA BANK REF NR 1001 0881 527

Member : Mr PG LOVELAND

Member ID : 6711175123088 DOB : 17/11/1967

GENESIS
MED# : 00477736P O BOX 5467
CAPE TOWN
8000

03/06/2016	PG	M/Pay	Payment, Thank You	-12680.30	0.00	0.00	0.00
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PLEASE FAX PAY PROOF TO 041-3747392

4864.00 0.00 4864.00

120 Days	0.00
90 Days	0.00
60 Days	0.00
30 Days	4385.26
Current	478.74

TOTAL (incl)	4864.00
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DR M LANGENHOVEN INC (018)**Physician**

VAT NUMBER : 4890253455

(All amounts on this statement include VAT)

Dr M Langenoven uses
 Xpedient Medical for all
 invoicing & account enquiries.

PRACTICE NUMBER: 0362441

TEL: 0861 973 343
 FAX: 086 241 1732
 e-mail: info@xpedient.co.za
 Web: www.xpedient.co.za

Page 1

Your Account No: LAN1230**STATEMENT****18-07-2016**

MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139

MED.AID: GENESIS - PLAN C ACUTE
 MED.AID NO: 00477736
 REFERRED BY: DR P POHL
 PRACTICE NO: .
 TEL: 0829207335

Date/ Patient/(Doctor)	Code Description	Quantity	Nappi/[Modifier]	Discount/	Total/ Amount	Med.Aid	Patient	Balance
								[Note code]
07-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	5426.40	0.00	1640.30	1640.30
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPITAAL								
Authorization : 00544079								
0174 First hospital consultation/vi		1.00			1502.10		454.20	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
0145 For consultation/visit away fr		1.00			346.50		104.42	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
1206 Intensive care: Category 2: Ca		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
1213 Ventilation: Subsequent days		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-3786.10			
08-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	3577.80	0.00	1081.68	1081.68
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPITAAL								
1206 Intensive care: Category 2: Ca		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
1213 Ventilation: Subsequent days		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-2496.12			
09-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	3577.80	0.00	1081.68	1081.68
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPITAAL								
1206 Intensive care: Category 2: Ca		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
1213 Ventilation: Subsequent days		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								

This statement continues on page 2...

DR M LANGENHOVEN INC (018)

Physician**VAT NUMBER : 4890253455**

(All amounts on this statement include VAT)

Dr M Langenhoven uses

Xpedient Medical for all
invoicing & account enquiries.**PRACTICE NUMBER: 0362441**

TEL: 0861 973 343

FAX: 086 241 1732

e-mail: info@xpedient.co.za

Web: www.xpedient.co.za

Page 2


Your Account No: LAN1230**STATEMENT****18-07-2016**

**MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139**

MED.AID: GENESIS - PLAN C ACUTE

MED.AID NO: 00477736

REFERRED BY: DR P POHL

PRACTICE NO: .

TEL: 0829207335

Date/ Patient/(Doctor)	Code Description	Quantity	Nappi/[Modifier]	Discount/	Total/ Amount	Med.Aid	Patient	Balance [Note code]
Place of Service: 24					-2496.12			
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)				0.00	3577.80	0.00	1081.68	1081.68
10-05-2016 02 ERNEST LOVELAND 07-03-1991								
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPIТАЛ								
1206 Intensive care: Category 2: Ca	1.00				1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
1213 Ventilation: Subsequent days	1.00				1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-2496.12			
11-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	1788.90	0.00	540.84	540.84
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPIТАЛ								
1206 Intensive care: Category 2: Ca	1.00				1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-1248.06			
12-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	1788.90	0.00	540.84	540.84
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPIТАЛ								
1206 Intensive care: Category 2: Ca	1.00				1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-1248.06			
13-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	1788.90	0.00	540.84	540.84
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPIТАЛ								
1206 Intensive care: Category 2: Ca	1.00				1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-1248.06			
14-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	1788.90	0.00	540.84	540.84
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								

This statement continues on page 3...

DR M LANGENHOVEN INC (018)**Physician****VAT NUMBER : 4890253455**

(All amounts on this statement include VAT)

Dr M Langenoven uses

Xpedient Medical for all
invoicing & account enquiries.**PRACTICE NUMBER: 0362441**

TEL: 0861 973 343

FAX: 086 241 1732

e-mail: info@xpedient.co.za

Web: www.xpedient.co.za

Page 3

Your Account No: LAN1230**STATEMENT****18-07-2016**

**MR PG LOVELAND
19 AFRICAN LODGE
AFRICAN STREET
GRAHAMSTOWN
6139**

MED.AID: GENESIS - PLAN C ACUTE
MED.AID NO: 00477736
REFERRED BY: DR P POHL
PRACTICE NO: .
TEL: 0829207335

Date/ Patient/(Doctor)	Code Description	Quantity	Nappi/[Modifier]	Discount/	Total/ Amount	Med.Aid	Patient	Balance [Note code]
Service centre: HOSPITAL - HOSPIAAL								
1206 Intensive care: Category 2: Ca		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-1248.06			
15-05-2016 02 ERNEST LOVELAND 07-03-1991				0.00	1788.90	0.00	540.84	540.84
Attending provider: DR M LANGENHOVEN Practice no: 0362441 Council no: MP0536369								
Service centre: HOSPITAL - HOSPIAAL								
1206 Intensive care: Category 2: Ca		1.00			1788.90		540.84	
ICD-10: S01.7 / Y34.09 / J18.9 *** PMB ***								
Place of Service: 24								
05-07-2016 MEDAID RECEIPT 0000000975:R17514.76 (ELECTRONIC) (GENESIS)					-1248.06			
Total outstanding:						0.00	7589.54	7589.54

Summary of outstanding amounts**Med.Aid****Patient**

Medical aid

0.00

7589.54

Total

0.00

7589.54

*PAYMENT TO: Dr M Langenoven Inc.**ABSA: Branch code: 632005 Acc nr: 407 438 7606**Please use your surname or account number as reference when making payments.*

	120+days	90 days	60 days	30 days	Current	Now Due
Med.Aid Balance	0.00	0.00	0.00	0.00	0.00	0.00
Patient Balance	0.00	0.00	0.00	7589.54	0.00	7589.54
Total Due	0.00	0.00	0.00	7589.54	0.00	7589.54