

TAX INVOICE

Warringah Medical and Dental Centre
PO Box 297
St Leonards NSW 1590

Services From
Dr Jennifer Wines

Provider No: **027267FH**
ABN: **67011780161**

Account Enquiries ph: 02 8423 9280

Fax: 02 8214 7181

Email: ar.mc@primaryhealthcare.com.au

Invoice Date : 17-Jan-2019

Invoice Ref : 20-773428

22 JAN 2019



003

Titan Ford
780 PITTWATER RD
BROOKVALE NSW 2100

Invoice Amount **\$133.03**

Amount Paid **\$0.00**

Amount Due **\$133.03**

Invoice Details

Date	Item Ref	Description	Amount	GST	Amount Inc GST
Services					
8-Jan-2019	AA020	W/Comp Cons Level B	\$81.00	\$0.00	\$81.00
8-Jan-2019	WCO001	WorkCover NSW Certificate of Capacity	\$47.30	\$4.73	\$52.03

Patient Details

Patient Name	DOB	Claim Id	Injury Date	Details
Mr Jesus Ortega Lovera	25-Nov-1982		8-Jan-2019	right finger cut
				Paul 938 8400 pgerethy@titan.com.au

IF THIS IS WORKERS' COMPENSATION - Please provide insurer's name and claim id

PAYMENT ADVICE – Please return with your payment, within 7 days

Titan Ford

Patient Name: **Mr Jesus Ortega Lovera** DOB: **25-Nov-1982**

Invoice Date : 17-Jan-2019

Invoice Ref : 20-773428

Amount Due **\$133.03**

Payment Amount **\$**

Payment Options:

Cheque/money order

Make cheque/money order payable to:
PRACTITIONERS TRUST ACCOUNT No. 20
Send Payment to:
PO Box 297, St Leonards, NSW 1590

Credit Card

Card Type: VISA ☐ MASTERCARD ☐
Card Number:
Expiry Date: /
Card Holder:
Contact Person (If Different)
Phone Number: