

ABN: 38 078 202 196

998

SACHIN CHHETRI 4 TIFFANY ST DARLING HEIGHTS QLD 4350

SPECIALIST PATHOLOGISTS

Dr Michael Harrison MBBS, BSc, FRCPA

Dr Beverley Rowbotham MD, FRACP, FRCPA

Dr David Papadimos MBBS, FRCPA

INVOICE NUMBER

647466712 OSP

DATE PAID

09/05/2019

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ACCOUNT ENQUIRIES

Telephone 1300 732 030

Fax

07 3876 9635

Office hours Mon - Fri 10.00am to 4.00pm

MEMORANDUM OF FEES FOR SPECIALIST PATHOLOGY MEDICAL SERVICES

Provided by Dr Michael Harrison Provider no 047534QF

TAX INVOICE DATE

13/05/2019

Patient Name

Date of

Request

08/05/19

Sachin Chhetri

Referring Doctor

Dr Lochana M Maldeniya Kankanama

James Neil Medical 119-121 Neil St

Provider No 5161545J Toowoomba Qld 4350

Date of	SCP	Episode		Item	
Service	Number	Number	Description of Testing	Number	Fee
08/05/19	SCP-A01	647466712	Microbiology-CHLM GOLCX	69317	73.30
			Microbiology-RPR	69384	73.35
			Microbiology-HEP1 HEPC	69481	73.35

DUPLICATE RECEIPT

IMPORTANT INFORMATION

	TOTAL PAYMENT RECEIVED	\$ \$	220.00 -220.00
****	AMOUNT DUE	\$	0.00

Learn more about your tests at Know Pathology Know Healthcare.

DETACH AND SUBMIT THE TOP SECTION FOR YOUR MEDICARE CLAIM

DETACH THE PAYMENT SLIP AND RETURN WITH YOUR PAYMENT

Patient Name INVOICE NUMBER 647466712 OSP

Sachin Chhetri

DATE PAID

Office

use only

09/05/2019

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RECEIPT information and other payment options overleaf



Nicolaides

Sullivan