

Mornington Health Centre Limited

169 Eglinton Rd, PO Box 7046, Dunedin 9040. Ph 466 5011, Fax 453 6115

Statement Of Account

To : **Mr Shane Mulligan**
16 Lynwood Avenue
Maori Hill
DUNEDIN 9010

Chart No:76631
30 Apr 2024

<i>Date</i>	<i>Ref</i>	<i>DESCRIPTION</i>	<i>Amount (GST Incl)</i>
11 Apr 2024	3203642	C15 - Consultation <i>Dr Keefe Ting</i>	19.50
30 Apr 2024	3208495	Billing Fee <i>Mornington Health Centre</i>	3.00
Total			22.50

PAYMENTS can be made DIRECTLY to our bank if you wish.
BANK A/c number 030905 0342267 01 Please use ref. number

Account Age	90 day	0.00	60 day	0.00	30 day	0.00	current	22.50
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Remittance Advice

Please detach this portion and return with payment

Mr Shane Mulligan (76631)

TOTAL: **22.50**

30 Apr 2024

Amount Paid: _____

Mornington Health Centre Limited

Please tick the box provided if a receipt is required.

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