Orthomove

to me 📄

Dear Valued Patient,

May 8, 2025, 1:54 PM (1 day ago)

Your appointment with Dr Andries van Niekerk is provisionally booked for:

Date: 2025-05-14 Time: 07:30

Consultation Fee: R800

Location: Cintocare Hospital, Level 4, Room 2 | 175 Frikkie de Beer Street, Menlyn, Pretoria

The appointment will be confirmed once we receive your patient information and medical history.

Please complete or update your details within 24 hours via the secure link sent from docpayforms@gmail.com. Check both your inbox and spam folder.

If you haven't received the link, reply to this message with your email address to have it resent.

To reschedule, contact us at 0126642014 or info@orthomove.co.za.

IMPORTANT

Dr requested an ultrasound before the appointment. As your appointment is scheduled early, you would need to do the sonar on Monday 12 May 2025.

Regards,

MARGHILDE VAN NIEKERK

PRACTICE MANAGER AND ACCOUNTS



DR ANDRIES VA

ORTHOPAEDIC SURGEC

MBChB Pret | MMed Orth

PR. No. 0666769 | MP. No. 06960



MAINE RADIOLOGY

09-05-2025 V:0200

13:00:36 R:20240123

CUSTOMER COPY

(** APPROVED **)

00743082-0769-9461-8828-e3183faadeb2

99-XN01008828

Visa Credit

A:096867

447279******1044

Purchase

R1359.00

HANK YOU

ID: 7606126631180

Contact No: (C)0824861813

Date

Inv No

Pay

INV18-55947

CAF

09/05/2025

224 Athlone Street, Haffield PO Box 29786 SUNNYSIDE, 0132 T: (012) 342-7801/2/3 F: (012) 342-7804

VAT NR: 4080108600 accounts@mainerad.co.za

Cintocare Hospital - Menlyn Maine | Lifestyle - Centurion Eye Hospital | Mediclinic Kloof | Mediclinic Mediclinic Muelmed www.maineradiology.co.za | info@mainerad.co.za | reports@mainerad.co.za

MR Y SUZUKI

395 KINROSS LS PRETORIA 0001

DE BEER DE JAGER RADIOLOGISTS

Branch: CINTOCARE

Tel: (012) 342-7801/2/3 Fax: (012) 342-7804 Vat No: 4080108600 Practice No: 3804119

EMall: accounts@malnerad.co.za

Tax Invoice No.: INV18-55947

Account Number: 1822176

09/05/2025

Patient : MR YUKO SUZUKI

ID Number Pat/Mem: 7606126631180 / 7606126631180

Contact No: 0824861813,

Ref Doc ICD10 Code:

Referred by : AH DR VAN NIEKERK (ORTH)
Referred by Practice No : 0666769

Employee No:

Medical Aid Name : PRIVATE MED AID RATES (PRV)

Medical Aid Number:

00

Dependant No: 0 Authorization No:

: (OUT PATIENT)

Pac:

Date	Description	Nappi Code	Tariff	ICD10	Units	MedAid	Outst.	Total
09/05/2025 12:28:04	ULTRASOUND RIGHT ELBOW JOINT	N/A	63205		1.00	0.00	1359.00	1359.00

VAT: R 177.26

TOTAL: R 1359.00

VAT of 15% is included on this invoice to the amount of R 177.26

Bank: ABSA BANK	Branch Code: 632005	Acc No : 2330500053	Swift:
	and the second second		

PAYMENT TO: MAINE RADIOLOGY, USE ACC NO. AS REF. FOR QUERIES (012) 342-7801/2/3

Date Printed: 09/05/2025 13:00:08 Page 1 of 1



224 Athlone Street, Harfield PO Box 29786 SUNNYSIDE, 0132 T: (012) 342-7801/2/3 F: (012) 342-7804

VAT NR: 4080108600 accounts@mainerad.co.za

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To:

MR Y SUZUKI

395 KINROSS LS PRETORIA 0001 From:

DE BEER DE JAGER RADIOLOGISTS

Tel: (012) 342-7801/2/3 Fax: (012) 342-7804

E-Mail: accounts@mainerad.co.za

Practice No: 3804119

Receipt: MRCP1811376

09/05/2025

Member: MR Y SUZUKI

ID: 7606126631180 Contact No: (C)0824861813

THE TABLE

He was a said faithful and

Patient : MR YUKO SUZUKI

Date	Inv No	Payment Type	Description	Total
09/05/2025	INV18-55947	CARD	PAYMENT	-1359.00

Payment Received By: SARITA KLEE

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Date Printed: 09/05/2025 13:00:52



224 Afhlone Street, Horflekd PO Box 29786 SUNNYSIDE, 0132 T: (012) 342-7801/2/3 F: (012) 342-7804

VAT NR: 4080108600 accounts@malnerad.co.za

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09/05/2025 Quote

Patient: YUKO SUZUKI

Company:

Branch:

CINTOCARE

Prepared by: BUSISIWE KALIMASHE

Approved by: BUSISIWE KALIMASHE

Medical Aid:

PRIVATE MED AID RATES (PRV)

ICD 10:

Description	Stock Code Nappl Co	ode Price	Units	Total	4
ULTRASOUND RIGHT ELBOW JOINT	BHF63205	1359.00	1.00	1359.00	

Note

Total Retail:

1359.00

Total Estimated Fee:

1359.00

Banking details

Account No:

Account Name: Maine Radiologists

2330500053

Bank Name: Account Type: **ABSA BANK**

Branch Code: 632005

Swift Code:

This quote is only valid for 7 days

** ¥This is an ESTIMATION of expected cost ¥ it may vary considerably depending on what is actually used.¥ **

Date Printed: 09/05/2025 12:27:56

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