

**Dr John Smith**  
**Provider No. 1234567Z**  
1 Some St  
Sometown  
Ph: 07 1234 5678  
Fax: 07 1234 5679  
jsmith@email.com

Invoice Date 6/04/2011  
Invoice Number 537

## FEE FOR PROFESSIONAL SERVICES

**Patient Details:**

Name	Mrs Jane Doe
Date of Birth	1/01/1951
Health Insurer	Medibank Private
Health Insurer No.	15642875H
Medicare No.	4123659867-1
Address	1 Another St, Sometown

**Operation Details:**

Date of Service	1/01/2011
Surgeon	Dr Ima Cutter (Prov. No. 9876543A)
Operation Location	All Saints Hospital
Operation Item No's	49318

Date of Service	Assistant Item No.	Description	Fee
1/01/2011	51303	Assistance at a surgical operation	\$380.10

---

Subtotal	\$380.10
Payment Received	\$0.00
GST Included	n/a

<b>Amount Due</b>	<b><u>\$380.10</u></b>
<b>Payment Due Date</b>	<b><u>20/04/2011</u></b>

**Comments:**

---

### **Payment Methods**

**Mailing Address: PO Box 1234, Sometown**

Cheque/Money Order - write your name and invoice number on the back of your cheque/money order

Direct Deposit - Account Name: John Smith, BSB: 123-456, Account No: 9856543

Credit Card - Ph: 07 1234 5678, Fax: 07 1234 5679, or send credit card details to mailing address

In Person - 1 Some St, Sometown