



**PERTH
SURGICAL &
BARIATRICS**

Dr Ravi Rao
MBBS FRACS
Provider No:240351XB

30 Churchill Avenue
Subiaco WA 6008

Tel: 08 6558 1901
Fax: 08 6558 1902

Ms Kristen Hoyle
21 Clarendon Approach
BALDIVIS WA 6171

TAX INVOICE

ABN: 21164501955
Invoice No: 31405
Date: 11/05/2022
Provider: Dr Ravi Rao
240351JT
Site: 0075420B Mount Hospital
Facility ID: 0075420B

INVOICE/RECEIPT

Date	Patient	Item	Description	GST	Fee
04/05/2022	Hoyle, Kristen	31575 *	Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	\$0.00	\$5,500.00

Inpatient

Medicare No:	2386214139-3	Total:	\$5,500.00
Referral Info:	Dr Courtney Dalton GP Cockburn Central Unit 14, 11 Wentworth Parade SUCCESS WA 6164 Provider No: 474059EJ Referred: 11/03/2022 (Issued: 09/03/2022) 12 months	GST component:	\$0.00
		Payment Received:	\$5,500.00
		Discount:	\$0.00
		BALANCE DUE:	\$0.00
		Total Outstanding:	\$0.00

Insurance Details: Membership No:
Uninsured Patient Name: Ms Kristen Hoyle
Date of Birth: 6/02/1995
Address: 21 Clarendon Approach, BALDIVIS, WA 6171

Received with thanks.....



The Mount
PRIVATE HOSPITAL

150 Mounts Bay Road
Perth WA 6000
Telephone: (08) 9327 1100
Facsimile: (08) 9321 2208

Healthscope Operations Pty Ltd

ABN 85 006 405 152
Provider Number:0075420B

Receipt

U.R. Number
818345

Receipt Date	Receipt No.
04/05/22	210726

Person Responsible For Account

KRISTEN HOYLE
21 CLARENDON APP
BALDIVIS WA 6171

Patient Details

K HOYLE
21 CLARENDON APP
BALDIVIS WA 6171

DATE	VISIT	INVOICE	REGISTER	PAYMENT TYPE	RECEIVED BY	AMOUNT
04/05/2022	618227		04 Inpatient Deposits			14,635.00
				Direct Deposit	Hoyle	14635
Total Payment						14635.00

PAID
 30/5/22

Tax Invoice

Invoice number: MD1343360

Account	Date Issued	Due Date	Page No
MH53646	04/05/2022	11/05/2022	1



Kristen L HOYLE
 21 Clarendon App
 BALDIVIS WA 6171

Date Supplied	Dispensing Reference	Item Description	PBS Code	Amount (ex GST)	GST	Total
4/05/2022	1343360	Paracetamol (Panadol Mini) 500 mg Capsule [48]		13.38	0.00	13.38
4/05/2022	1343362	Ondansetron (Ondansetron Odt (drla)) 4 mg ODT Tablet [10]		20.95	0.00	20.95
4/05/2022	1343364	Enoxaparin (Clexane SI) 40 mg / 0.4 mL Pre-Filled Syringe [10]	8510X	42.50	0.00	42.50
4/05/2022	1343365	Enoxaparin (Clexane Patient Kit (free)) Kit [1]		0.00	0.00	0.00
4/05/2022	1343371	Tapentadol (Palexia Ir (blister)) 50 mg Tablet [20]		31.67	0.00	31.67
4/05/2022	1343380	Enoxaparin (Clexane SI) 40 mg / 0.4 mL Pre-Filled Syringe [11]	8510X	42.50	0.00	42.50
4/05/2022	1343381	Pantoprazole (Ozpan) 40 mg Enteric Coated Tab [3x30]		20.95	0.00	20.95

Contact Us: Phone: 1300 669 510 Email: customerservice@hpspharmacies.com.au
 Fax: (08) 8375 3510 Website: www.hpspharmacies.com.au

Total Due: \$171.95

✂ Remittance Advice. Please cut along dotted line

Methods of Payment

Please disregard this notice if you have recently paid your account.

1. Cheque Payment

Post the remittance with your cheque or money order (made payable to HPS Pharmacies) to the address below:
 HPS Pharmacies
 PO Box 132
 MARLESTON SA 5033

2. Credit Card Payment



BILLER CODE: 132274
 REF#: 603000536464
 INTERNET: Go to www.bpoint.com.au
 PHONE: Call 1300 276 468

* Credit card transaction fees will apply for payments over \$500

3. BPAY Payment



BILLER CODE: 132274
 REF#: 603000536464

Telephone and Internet Banking - BPAY
 Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info: www.bpay.com.au

Registered to BPAY Pty Ltd ABN 69 079 137 518 Account No: MH53646 Date Due: 11/05/2022 Total Due: \$171.95

ABN: 57 008 811 185

 PAID
30/5/22

SPECIALIST PATHOLOGISTS

Dr Narelle Hadlow MBBS, MAACB, FRCPA, GAICD, AF
(Provider No. 473210BL)
Dr Gordon Harloe MB ChB, FRCPATH
(Provider No. 000249UY)
Dr Kevin Trown MBBS, FRCPA
(Provider No. 035060L)

998

 MISS KRISTEN HOYLE
21 CLARENDON APPROACH
BALDIVIS WA 6171

INVOICE NUMBER A0116014 FI
AMOUNT DUE \$148.50
DATE DUE 09 June 2022

Page No 1 of 1

ACCOUNT ENQUIRIES
Telephone (08) 9371 4460
Fax (08) 9371 4350
Office hours Mon - Fri 7.30am to 4.30pm

**MEMORANDUM OF FEES FOR
SPECIALIST PATHOLOGY MEDICAL SERVICES**

Provided by DR Denham Gordon Harloe Provider no 000249UY

TAX INVOICE DATE 10/05/2022
Patient Name Kristen Hoyle

Date of Birth 06-Feb-1995
Medicare No 2386214139 3
Membership

***Hospital Service SCP-A01**

This account is for services performed by Clinipath Pathology whilst you were in the Mount Hospital(0075420B)

Date of Request	Date of Service	Episode Number	Time	Description of Testing	Item Number	Fee
04/05/22	05/05/22	435927418	07:53	Requested by : Dr Ravi Rao Provider No 240351JT Haematology-HCT RCC MCV WCC PLTC Clinical Chemistry-BILI ALP AST ALT GGT NA K CL HCO3 C U PROT ALB GLOB CRP Gov.Accredited collect & handling fee-PEI Rule 3 Exemption	65070* R3 66512* R3 73930*	48.00 51.00 49.50

INVOICE

IMPORTANT INFORMATION

PAYMENT TERMS:30 DAYS FROM DATE OF INVOICE PLEASE LODGE WITH MEDICARE AND HEALTH FUND

AMOUNT DUE \$ 148.50

DETACH AND SUBMIT THE TOP SECTION FOR YOUR MEDICARE CLAIM

DETACH THE PAYMENT SLIP AND RETURN WITH YOUR PAYMENT

Patient Name Kristen Hoyle
INVOICE NUMBER A0116014 FI
AMOUNT DUE \$148.50
DATE DUE 09 June 2022

Internet Credit Card


Pay online www.clinipathpathology.com.au
Click on 'Pay Your Account' and enter your credit card details, Mastercard and Visa only
Reference: 0001160146

Telephone Credit Card


Phone 1300 307 716
Mastercard and Visa only
Reference: 0001160146

BPAY*


Bill code 646554
Reference 0001160146
This reference is unique, change the reference for each invoice payment

*Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. For more info: www.bpay.com.au

PAYMENT SLIP
Australia Post - POSTbillpay


Billpay Code 2658
Reference 0010 0011 6014 50

Pay in person with cash, cheque or credit card at any post office or Australia Post agency.



*2658 0A011601450

Office use only



DATE	TYPE	DOCUMENT No.	ORIGINAL AMOUNT	OUTSTANDING AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
30/05/2022	INV	1082-628187	3,349.57	3,349.57	0.00	3,349.57
			TOTAL			\$3,349.57

CHEQUE NUMBER: 792693
 DATE: 01/06/2022
 AMOUNT: \$ 3,349.57

MISS K HOYLE
 COI- HOSP The Mount Hospital



324 QUEEN ST
 BRISBANE QLD

Australia and New Zealand
 Banking Group Limited

792693

PAY: MISS K HOYLE

DATE 01/06/2022

THE SUM OF THREE THOUSAND THREE HUNDRED FORTY-NINE DOLLARS
 AND FIFTY-SEVEN CENTS

\$ *****3,349.57

NOT
 NEGOTIABLE
 A/C PAYEE
 ONLY

For and on behalf of HEALTHSCOPE OPERATIONS PTY LTD A.B.N. 85 006 405 152

Beth McAllister

\$6000 Surgeon + ^{INCLUDES} DIETICIAN (\$500)

\$ 1700 ANAESTH (CONVENTINO)

\$ 607 SURG ASSISTANT

\$14,635 Hospital

\$ Refund \$3,349.57

148.50 Clinipath

171.95 HPS Pharmacy.

\$23,262.45

- 3,349.57

\$19,912.88

TOTAL MEDICAL