

DR. PAUL COSENTINO MBBS (HONS) FANZCA
 ANAESTHETIST
 ABN: 86345678031

RECEIPT: PC688

DATE: 29/04/2022

P 0403 849 689
 E Catriona_m@rocketmail.com
 Provider Number: 283101MT
 TO: KRISTEN HOYLE
 21 CLARENDON APPROACH
 BALDIVIS WA 6171

PATIENT: KRISTEN HOYLE
 21 CLARENDON APPROACH
 BALDIVIS WA 6171
 Medicare Number: 2386214139-3
 DOB: 06/02/1995
 Surgery/Procedure: Bariatric Surgery
 Requesting Practitioner / Surgeon: Dr Ravi RAO
 Service Location: Mount Hospital
 Date of Surgery: 04/05/2022

DATE OF SERVICE	ITEM NUMBER	ESTIMATED MEDICARE REBATE	FEE
04/05/2022	17615	67.80	\$255.10
04/05/2022	20791	154.50	\$638.00
04/05/2022	23075	108.15	\$446.60
04/05/2022	25000	15.45	\$ 63.80
04/05/2022	22012	\$46.35	\$191.40
04/05/2022	22025	\$61.80	\$255.10
	TOTAL	ESTIMATED REBATE \$454.05	\$1700.00
TOTAL RECEIVED ON 29/04/2022			\$1700.00
TOTAL OWING			\$0.00

ACCOUNT PAID:
 THANK YOU FOR YOUR PROMPT PAYMENT

Receipt for anaesthetic professional fees