

**SERVICE PROVIDER #11**

VAT NUMBER : xxxxxxxxxxxx

(All amounts on this statement include VAT)

PRACTICE NUMBER: xxxxxxxx

REGISTRATION NUMBER: xxxxxxxxxxxx

Address line 1

Address line 2

Postal code

TEL: xxx xxx xxxx

TEL: xxx xxx xxxx/x

FAX: xxx xxx xxxx

e-mail: xxxx@xxxx.co.za

Web: www.xxx.co.za

Your Account No: xxx(xxxxxx) STATEMENT

20-04-2022

**PRINCIPAL MEMBER**

MED.AID: xxxxxx

MED.AID NO: xxxxxx

REFERRED BY: xxxxxx

PRACTICE NO: xxxxxxxx

TEL: xxx xxx xxxx

Date/ Patient/(Doctor)	Code Description	Quantity	Nappi/[Modifier]	Invoice/	Total/ Amount	Med.Aid	Patient	Balance [Note code]
13-04-2022   PATIENT 1   {Date-of-birth} (SERVICE PROVIDER #11)				xxxxxxx/P	1250.00	250.00	1000.00	1250.00
Attending provider: SERVICE PROVIDER #11 Practice no: XXXXXXXX Council no: XXXXXXXXXX								
Service centre: CONSULTING ROOMS								
XXXXX Consult		1.00			1250.00			
ICD-10: xxx.xx								
Place of Service: xx								
Total outstanding:						250.00	1000.00	1250.00

Summary of outstanding amounts	Med.Aid	Patient
Medical aid	250.00	1000.00
<b>Total</b>	<b>250.00</b>	<b>1000.00</b>

**For electronic funds transfer and payment, please use the following bank details:**

Our reference : xxx(xxxxxx)

Account Name : xxxxxxxx

Bank Name : xxxxxxxx

Account No : xxxxxxxx

Branch Code : xxxxxxxx

	120+days	90 days	60 days	30 days	Current	Now Due
Med.Aid Balance	0.00	0.00	0.00	0.00	0.00	0.00
Patient Balance	0.00	0.00	0.00	0.00	1250.00	1250.00
<b>Total Due</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1250.00</b>	<b>1250.00</b>