

STATEMENT OF CLAIM & BENEFIT PAYMENT
Electronic Claim Assessed by the Australian Government Department of Human Services
Please retain for Taxation Purposes

Location ID: MLK00000
Claim Reference: MLK0000015062016114947
Printed: 15/06/2016 11:49:49

Servicing Location: Ourtown Medical Centre
1 Street St
BRISBANE QLD 4000

Servicing Provider Name: Dr Miriam GADNEY
Servicing Provider No: 2107501Y

Payee Provider Name: Dr Miriam GADNEY
Payee Provider No: 2107501Y

Patient Details
Medicare Card No: 2950974201
IRN: 1
First Name & Surname: Bradley HOGAN
Date of Birth: 14/02/74

This claim has been: **ASSESSED**

Referring Provider Name: Dr Brenda REED
Referring Provider No: 2054781W
Date of Referral: 01/01/16
Period of Referral: 12 months

ACRF: 00524

Date of Service	Item No	Description of Service	Fee	Patient Contribution	RSN Code	Benefit
11/05/16	105	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her each attendance subsequent to the	\$80.00	\$80.00		\$36.55
		Totals:	\$80.00	\$80.00		\$36.55

Payment Details:

This account is fully paid: YES

The Medicare benefit will be paid: **if your bank account details are stored with Medicare your payment will be made by EFT, if not, your Medicare benefit will not be paid. Once you have provided Medicare with your bank account details, your payment will be released.**

If required, correspondence regarding this claim will be directed to the: **ADDRESS HELD BY MEDICARE**

This includes, if applicable, any Pay Doctor via Claimant (PDVC) cheques for the service provider. It is the responsibility of the claimant to forward the PDVC cheque to the service provider.

Claimant Declaration

I have paid for or am liable to pay the expenses for these services and these services are not excluded under the *Health Insurance Act 1973* (i.e. are not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with employment) and/or *Dental Benefits Act 2008*. To the best of my knowledge and belief all the information disclosed in the lodging of this claim is true and accurate. I authorise the medical practice to electronically transmit my claim for Medicare benefits to the Australian Government Department of Human Services on my behalf. I also authorise the Australian Government Department of Human Services to contact the referring provider or the provider of the services if clarification of details on the account and/or receipt is required for assessment or auditing purposes.

For this claim, I have consented to this practice sending to, and receiving from the Australian Government Department of Human Services, the following information for verification:

- The patient's enrolment information including the patient's Medicare card and issue number;
- The patient's first name and Individual Reference Number;
- The claimant's postcode information provided it matches my records; and
- The benefit amount for each service in this claim.

Privacy Notice: Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.