


Access To Allied Health Services Project Partnerships in Practice:

Tax Invoice	
 eastern sydney division of general practice	Psychologist ABN: Patient ID Number ONLY (patient's name not required) (UI): _____
	<p>Please forward this claim for payment to Office Administrator Suite 103, 35 Spring Street, Bondi Junction, 2022 or fax to (02) 9387 4175; Ph: (02) 9389 0874</p> <p>Payment per session is \$120.00 Inc GST or \$109.09 Ex GST</p>
Payment to be made to: <i>(psychologist's contact details)</i>	Name: Address: Phone:
Patient attended:	Dates:
	Dates:

Office use only:

Date:	Cheque / EFT No. :	Amount	\$
Details: Patient No.	on:	Less GST	\$
Patient No.	on:	Add paid	\$
Patient No.	on:	Charge to account	\$
Required by :	Prepared by :	Account : Clinical classification name psychologists	
Approved by : (1st)	Approved by : (2 nd)	Account : classification no.	
Received by :		<input type="checkbox"/> Posted <input type="checkbox"/> Paid at PO <input type="checkbox"/> Delivered	



Remittance Advice

Office use only:

Payment made to:	Date paid:
Patient ID number:	Prepared by:
Session Number and details:	Amount paid: \$

