



**DR:**

**PATIENT BILLING**

**BILLING: PLEASE CIRCLE OR TICK ITEMS**

PRIVATE (P), NO GAP (N) KNOWN GAP (K) SCHEDULE FEE (S)MEDICARE ONLY (M) DVA (D) WORKCOVER (W)

<b>HOSPITAL STICKER/PATIENT DETAILS</b>			PRE OP:	17610
NAME:			ITEM NUMBERS	20740
				20810
DOB:	MALE/FEM:	UNIT RATE:	SURGEON	
ADDRESS:			TIMES	
			AGE MOD	25015
MCARE NO:			PHYS MOD	25000/005/010
HEALTH INSUR PROV:		NO:	EMERG/AHRS	25020/025
DVA Y/N - NO:			BILLING:	
			P,N,K,S,M,D,W	
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