MEDICAL BUSINESS MANAGEMENT

PATIENT BILLING

NG-NO GAP, KG – KNOWN GAP, BB – BULK BILL, DVA – VETERANS AFFAIRS, WC - WORKCOVER

DR:

HOSPITAL STICKER/PATIENT DETAILS		
NAME: DOB: MALE/FEM: UNIT RATE: ADDRESS: MCARE NO: HEALTH INSUR PROV: N O: DVA Y/N – NO:	DATE OF SERV.	
	SURGEON	
	HOSPITAL	
	PRE OP:	
	ITEM NOS:	
	AGE MOD	
	PHYS MOD	
	EMERG/AHRS	
	BILLING: NG KG BB DVA WC	TIMES

HOSPITAL STICKER/PATIENT DETAILS		
NAME: DOB: MALE/FEM: UNIT RATE: ADDRESS: MCARE NO: HEALTH INSUR PROV: N O: DVA Y/N – NO:	DATE OF SERV.	
	SURGEON	
	HOSPITAL	
	PRE OP:	
	ITEM NOS:	
	AGE MOD	
	PHYS MOD	
	EMERG/AHRS	
	BILLING: NG KG BB DVA WC	TIMES

HOSPITAL STICKER/PATIENT DETAILS		
NAME: DOB: MALE/FEM: UNIT RATE: ADDRESS: MCARE NO: HEALTH INSUR PROV: N O: DVA Y/N – NO:	DATE OF SERV.	
	SURGEON	
	HOSPITAL	
	PRE OP:	
	ITEM NOS:	
	AGE MOD	
	PHYS MOD	
	EMERG/AHRS	
	BILLING: NG KG BB DVA WC	TIMES

HOSPITAL STICKER/PATIENT DETAILS		
NAME: DOB: MALE/FEM: UNIT RATE: ADDRESS: MCARE NO: HEALTH INSUR PROV: N O: DVA Y/N – NO:	DATE OF SERV.	
	SURGEON	
	HOSPITAL	
	PRE OP:	
	ITEM NOS:	
	AGE MOD	
	PHYS MOD	
	EMERG/AHRS	
	BILLING: NG KG BB DVA WC	TIMES

PO BOX 7625
SIPPY DOWNS QLD 4556

PHONE: (07)54446615
FAX: (07) 54446115

WEB : www.medbus.com.au
EMAIL: billing@medbus.com.au