Statement of claim and Lodgement Advice

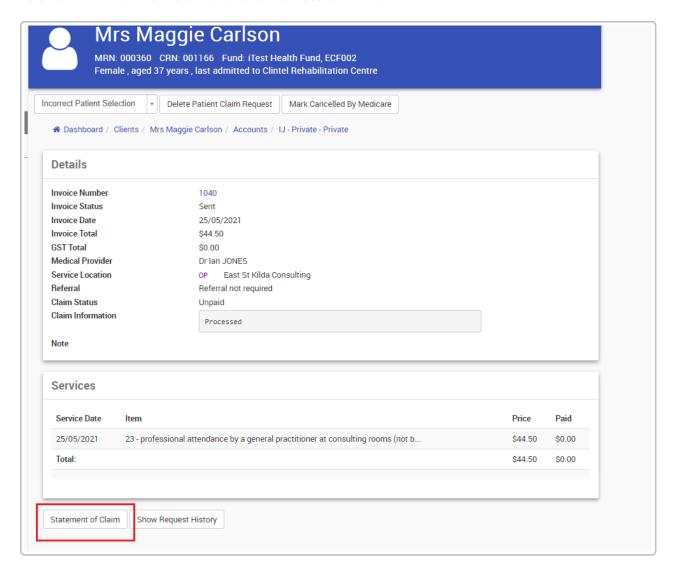
Last Modified on 17/06/2021 10:46 am ACST

Statement of Claim

This is the Document generated by Medicare after a PCI is successfully sent.

This can be downloaded and printed directly from the Claim Screen after PCI is submitted.

Refer to Send PCI claim for more information on how to send a PCI Claim.



STATEMENT OF CLAIM & BENEFIT PAYMENT

Electronic Claim assessed by the Australian Government Department of Human Services

Location ID: CLI 00000 Claim Reference: CLL0000025052021125744

> Servicing Location: East St Kilda Consulting 138 St Kilda Rd St Kilda, VIC. 3001

Patient Details: Claimant Details: 4950380762 Medicare Card No: IRN: 1
First Name & Mrs Maggie Carlson First Name & Surname Surname: Date of Birth: 24/08/1983

Date of Birth Telephone No: Address:

This claim has been: ASSESSED
THIS FORM CANNOT BE USED TO MAKE A CLAIM FOR MEDICARE PAYMENTS. THIS CLAIM HAS ALREADY BEEN SUBMITTED TO MEDICARE ON YOUR

Servicing Provider Name:
Servicing Provider No:
2407431K
Requesting/Referring Provider
Name:
Requesting/Referring Provider No:
Date of Request/Referral:
Required
Period of Referral: Pavee Provider Name: Payee Provider No: ACRF: 1040

Date of Service	Item No	Description of Service		Fee	Patient Contribution	RSN Code	Benefit
25/05/2021	23	professional attendance by a general consulting rooms (not being a service other item in th		\$44.50	\$0.00		\$38.75
			Total:	\$44 E0	00.00	Total	\$20 7E

Payment Details:

- This account is fully paid: NO
 The Medicare Benefit will be paid:

 to the account as displayed below or
 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

 frequired, 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 predictions:

- the following information for verification:

 The patient's enrollment 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 the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised

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

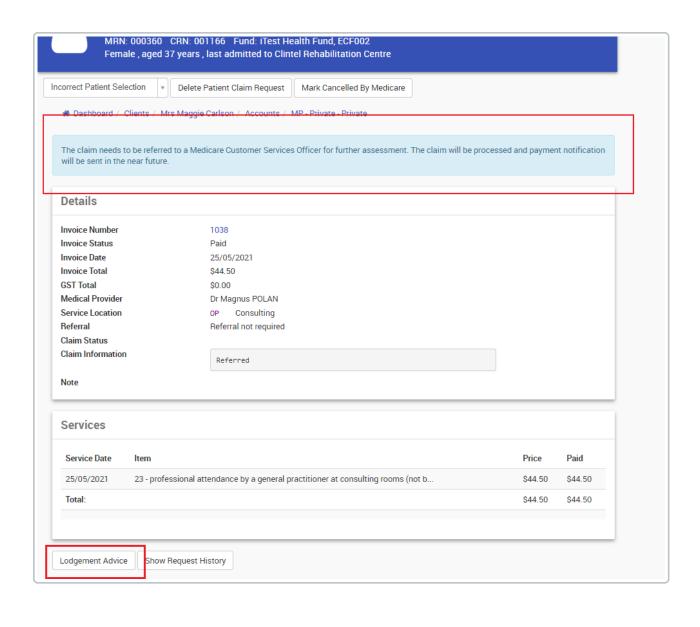
Print Preview

Lodgment Advice

A lodgment Advice will be generated either,

- 1. The claim has deleted and resubmitted once already this needs manual intervention from Medicare, or,
- 2. The Medicare Online Service is currently unavailable and the PCI request is in the queue.

The Lodgment advice can be printed directly from the Claim tab.



LODGEMENT ADVICE

Electronic Claim for assessment by the Australian Government Department of Human Services

THIS FORM CANNOT BE USED TO MAKE A CLAIM FOR MEDICARE PAYMENTS. THIS CLAIM HAS ALREADY BEEN SUBMITTED TO MEDICARE ON YOUR BEHALF.

Location ID:	CLL00000	Claim Reference:	CLL0000025052021103217
		Servicing Location:	Consulting 1 Short Street SOUTH MELBOURNE, VIC, 3205
Patient Details:		Claimant Details:	
Medicare Card No:	4950380762	Medicare Card No:	
IRN:	1	IRN:	
First Name and Surname:	Mrs Maggie Carlson	First Name and Surname:	
Date of Birth:	24/08/1983	Date of Birth	
·		Telephone No:	
		Address:	

This claim has been: REFERRED TO THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HUMAN SERVICES

REFERRED TO THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HOMAN GENTICES				
Servicing Provider Name:	Dr Magnus POLAN	Payee Provider:		
Servicing Provider No:	0413924H	Payee Provider No:		
Requesting/Referring Provider Name:	No	ACRF:	1038	
Requesting/Referring Provider No:	Referral	LSPN:		
Date of Request/Referral:	Required			
Period of Referral:				

Date of Service	Item No	Description of Service	Fee	Patient Contrib
25/05/2021	23	professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in th	\$44.50	\$44.50
		Total:	\$44.50	\$44.50

Payment Details:

- This account is fully paid: YES
 The Medicare Benefit will be paid:
- The Medicare Benefit will be paid:

 To the account as displayed below or
 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.

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Loadgement Advice - print Preview