

# 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.



**Mrs Maggie Carlson**  
MRN: 000360 CRN: 001166 Fund: ITest Health Fund, ECF002  
Female , aged 37 years , last admitted to Clintel Rehabilitation Centre

Incorrect Patient Selection

Delete Patient Claim Request

Mark Cancelled By Medicare

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### Details

Invoice Number	1040
Invoice Status	Sent
Invoice Date	25/05/2021
Invoice Total	\$44.50
GST Total	\$0.00
Medical Provider	Dr Ian JONES
Service Location	OP East St Kilda Consulting
Referral	Referral not required
Claim Status	Unpaid
Claim Information	<div>Processed</div>

Note

### Services

Service Date	Item	Price	Paid
25/05/2021	23 - professional attendance by a general practitioner at consulting rooms (not b...	\$44.50	\$0.00
Total:		\$44.50	\$0.00

Statement of Claim

Show Request History

## STATEMENT OF CLAIM & BENEFIT PAYMENT

Electronic Claim assessed by the Australian Government Department of Human Services

Location ID: CLL00000

Claim Reference: CLL0000025052021125744

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

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

**Claimant Details:**  
Medicare Card No:  
IRN:  
First Name & Surname:  
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 BEHALF.**

**Servicing Provider Name:** Dr Ian JONES  
**Servicing Provider No:** 2407431K  
**Requesting/Referring Provider Name:** No  
**Requesting/Referring Provider No:** Referral  
**Date of Request/Referral:** Required  
**Period of Referral:**

**Payee Provider Name:**  
**Payee Provider No:**  
**ACRF:** 1040  
**LSPN:**

Date of Service	Item No	Description of Service	Fee	Patient Contribution	RSN Code	Benefit
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	\$0.00		\$38.75
Total:			\$44.50	\$0.00	Total:	\$38.75

**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
- 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](http://humanservices.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.

Incorrect Patient Selection ▼

Delete Patient Claim Request

Mark Cancelled By Medicare

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The claim needs to be referred to a Medicare Customer Services Officer for further assessment. The claim will be processed and payment notification will be sent in the near future.

### Details

Invoice Number 1038  
Invoice Status Paid  
Invoice Date 25/05/2021  
Invoice Total \$44.50  
GST Total \$0.00  
Medical Provider Dr Magnus POLAN  
Service Location **OP** Consulting  
Referral Referral not required  
Claim Status  
Claim Information

Referred

Note

### Services

Service Date	Item	Price	Paid
25/05/2021	23 - professional attendance by a general practitioner at consulting rooms (not b...	\$44.50	\$44.50
<b>Total:</b>		\$44.50	\$44.50

Lodgement Advice

Show Request History

## 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**

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

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This account is fully paid: YES

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  - 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