

2. Service Type

4b. Provider Postcode

NoPain Dentists

5 Sample Street, Sample Ville VIC 3000
Telephone: 03 9999 9999
Facsimile: 03 9999 9998
ABN 12 123 456 789

SAMPLE ONLY

Ms S Member
1 Member Street
Sample Town VIC 3001

Statement Date: 30/04/2006
Statement Number: 3
Account Numbers: 003888/06

1. Customer

Accounts & Payments

3. Dental Item Code

Date	Patient	Provider	Item/Description	Tooth	Amount
22/04/2006	Sam	9	1 x 011 – Comprehensive oral exam		40.00
22/04/2006	Sam	9	1 x 114 – Removal of calculus – first visit		55.00
22/04/2006	Joe	9	2 x 533 – Adhesive restoration		360.00
22/04/2006			Payment – ID 3011 (Visa)		455.00
Due Date:				Account Balance:	0.00

6. Quantity

5. Date of Service

7. Amount Charged

4a. Provider Surname

Dr Codes:

9 – Dr Sample Citizen, Provider No: 987654A