

**SAMPLE STATEMENT: All requirements met**

(Note: **Statements NOT Invoices** are submitted to Medical Schemes for reimbursement)

**SUSAN SMITH**

**Dietician**

**Pr 8403635 \***

BSc DIETETICS DIP.HOSP.DIET

**STATEMENT 03 September 2009**

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Account **FOUR1727** 079 420 3599

Tel 011 792 44 29

Fax 086 512 0 511

FOURIE Lisa  
C/O MR L. FOURIE  
109 MOUNTAIN ROAD  
RANDPARK RIDGE  
2194

P O BOX 462

2154 BROMHOF

**Medical scheme rates**

STANDARD BANK RANDBURG br:018005

Current Account:220064229 (please fax deposit slip/internet proof)

\*\*\*1279 BANKMED :0798768\*\*\*\*

Patient DOB: 1963 11 18, gender:FEMALE, DAUGHTER\*\*\*\*\*

TEL: 011 793 2000(H)

Referred by: DR.WAYNE HINRICHS pr.1496123

Diagnosis : E88.8

ref.	mm dd,	code			*****
3267	2009.01.21	205	Nutri.assess51	60	E88.8 294.30
3268	2009.01.23	204	DIET PLANNING		E88.8 240.80
3366	2009.02.06	202	Nutri.treatm	30	E88.8 133.80

FOUR1726 FOURIE LISA \* Amount due 554.70

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**NOTE:**

\* It is important that the Practice number appears in the top right hand corner of the Statement

\*\* Should fold to fit into a window envelope

\*\*\* Reference Number for Medical Scheme

\*\*\*\* Patient Medical Aid Number

\*\*\*\*\*Patient relationship to Main Member of the Medical Scheme

\*\*\*\*\* Date Format: CCYY MM DD (NOT the other way round!)

Tariff Code: 1 code per date (NOT 2 codes for 1 date)

ICD10 Code must appear PER LINE ITEM

Fee can be RPL / Private (indicate at top of Statement)