Dates 1-August-2013 to 31-August-2013

Hospital Account (Cessnock District Hospital) In-patient Non-Chargeable for Dr Anecito MANTILLA for the month of August 2013

| Date | Patient Name | MRN | Time | Item # | Payment Item | Cos | st |
|------------|------------------------|---------|------|--------|---|-----|--------|
| 1/08/2013 | Mitchell/Leslie Edward | 0528719 | 850 | 1002 | Where only one in-patient (review) | \$ | 71.00 |
| 6/08/2013 | Mitchell/Leslie Edward | 0528719 | 1345 | 1002 | Where only one in-patient (review) | \$ | 71.00 |
| | | | | 1908 | ECG | \$ | 76.90 |
| 7/08/2013 | Mitchell/Leslie Edward | 0528719 | 845 | 1002 | Where only one in-patient (review) | \$ | 71.00 |
| 8/08/2013 | Mitchell/Leslie Edward | 0528719 | 845 | 1002 | Where only one in-patient (review) | \$ | 71.00 |
| 29/08/2013 | Hooson/Gladys Annie | 4038969 | 820 | 1002 | Where only one in-patient (review) | \$ | 71.00 |
| | | | | | | | |
| | | | | | ======================================= | === | ====== |
| | | | | | TOTAL | \$ | 431.90 |

@/10/2013

Dates 1-August-2013 to 31-August-2013

Hospital Account (Cessnock District Hospital) In-patient Non-Chargeable for Dr Anecito MANTILLA for the month of August 2013 (ADDITIONAL FEES)

| 2/08/2013 | Scudds/ Kasey Barbara | 0637306 | 1530 | 1002 | Where only one in-patient (review) | \$ 71.00 |
|-----------|-----------------------|---------|------|------|------------------------------------|--------------|
| | | | | 1072 | IV Cannula | \$ 57.00 |
| 2/08/2013 | Scudds/ Kasey Barbara | 0637306 | 1820 | 1024 | A/H cons. 1st pt exc sat/sun/ph | \$ 110.90 |

TOTAL \$ 238.90

-∂6/10/2013

Simplified Billing Service Hunter New England Health Service Locked Bag No 1 Hunter Region Mail Centre NSW 2310

Ph: 0249853169 Fx: 0249853317



| Date: 16 | .10.13 Fax: 82143471 |
|--------------------------|---|
| Dear Dr | Mankilla |
| We recently unable to pr | received the attached invoice/s at the Simplified Billing Service for claiming. We have been ocess the invoice/s for the following reason: |
| | Patient is classified as non chargeable at date of service (please submit public Patient VMO claim) |
| | Patient is classified as Veterans Affairs at date of service (please send invoice to Patient) |
| | Patient is classified as Workers Comp/Compensable at date of service (please Send invoice to patient/insurance company) |
| | Patient was not admitted to any HNEAHS hospitals on date of service or was Unidentified (please double check details and resubmit as appropriate) |
| | Patient has been reclassified to non chargeable due to health fund issues (please Submit public patient VMO claim) |
| | Patient was unclassified at time of treatment and has subsequently elected to Be non chargeable (please submit public patient VMO claim) |
| | Pricing is incorrect on invoice. (Please amend and resubmit invoice for processing) |
| | Other |
| Should you | have any queries please do not hesitate to contact our service to discuss. |

Simplified Billing

Regards

MANTILLA MEDICAL PTY LTD

PO BOX 736 KOTARA Phone # 02-40170797 Fax # 02-82143471

1/1

Date 15/10/2013 Invoice # 80

Tax Invoice

NSW 2285 ABN: 43 152 083 997

Bill To

Simplified Billing Services HNE Area Health Locked Bag 1, Waratah Campus Hunter Regional Mail Centre NSW 2310

| 400000000000000000000000000000000000000 | 3 ROBEN Y 1821 | 460000000 | |
|---|----------------|-----------|---------------|
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| 100 | | distant. | A A A A A A A |
| | | | |

SCUDDS, Kasey MRN 0637306 MP 30838121T

Provider: Dr Anecito Mantilla

Provider No: 4404831H

Site: Cessnock District Hospital

| Date Serviced | Tlme | Item | Description | Amount |
|--|--------------|-------------|---|-----------------|
| 2/8/13 2/8/13 | 1530 1820 | 24/1 597 | In-Patient - (only one in-patient) visit Professional attendance by a general practitioner on not more than 1 patient on the 1 occasion - each attendance (other than an attendance between 11pm and 7am) in an after-hours period Addied is no chargeable medical admissions are on this patients policy. | 61.75 127.25 |
| The state of the s | | | | |
| | | | Total | \$189.00 |
| | | | Payments/Gredits | \$0.00 |
| | | | Balance Due | \$189.00 |

johnmmd@mantillamedical.com www.mantillamedical.com