



Hunter New England Local Health District

REMITTANCE ADVICE

Mantilla Anecito
Po Box 736,
KOTARA 2289

EFT NO: 6092823
DATE: 10-Jun-2015
VENDOR NUMBER: 199499
EFT AMOUNT: \$ 982.41

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET
12205430001G	02-Jun-2015	VMO PAYMENT FROM - VMONEY	0.00	658.24
12205430002G	02-Jun-2015	VMO PAYMENT FROM - VMONEY	0.00	111.10
12205430003G	02-Jun-2015	VMO PAYMENT FROM - VMONEY	0.00	86.13
12205430004G	02-Jun-2015	VMO PAYMENT FROM - VMONEY	0.00	126.94
TOTAL:				\$ 982.41



Hunter New England Local Health District

RECIPIENT CREATED TAX INVOICE

VENDOR NUMBER:	199499	CLAIM NUMBER:	1220543
VMO:	MANTILLA Anecito	COMPANY:	Mantilla Medical Pty Ltd
FACILITY:	Cessnock Hospital	FAX:	
EMAIL:			

TIME SHEET 1220543

RATE	P.P. LOADING	RESP CENTRE	DESCRIPTION	HOURS	AMOUNT (\$)	MONTH	PAID
		561122 General Medicine Cessnock					
Rural represented by:						05/2015	
0001	29-05-2015	I 0676780 1004	SIM CAROLE	57.70	100%		Y
0002	29-05-2015	I 0676780 1908	SIM CAROLE	82.60	100%		Y
0003	29-05-2015	I 0604378 1908	FORD NANCY	82.60	100%		Y
0004	29-05-2015	I 0604378 1004	FORD NANCY	57.70	100%		Y
0005	25-05-2015	O 1000	ON CALL	78.30	900%		Y
0006	25-05-2015	O 1012	JONES LEESA ELIZABETH	101.00	100%		Y
0007	26-05-2015	I 2482928 1002	MARTIN SHIRLEY	76.30	100%		Y
0008	26-05-2015	I 2482928 1002	MARTIN SHIRLEY	76.30	100%		Y
0010	28-05-2015	I 0676780 1908	SIM CAROLE	165.20	200%		Y
					777.70		
					G.S.T	77.77	

RATE	P.P. LOADING	RESP CENTRE	DESCRIPTION	HOURS	AMOUNT (\$)	MONTH	PAID
		561109 Accident and Emergency Cessno					
Rural represented by:						05/2015	
0009	28-05-2015	O 0676780 1010	SIM CAROLE	57.70	100%		Y
0011	28-05-2015	O 0676780 1010	SIM CAROLE	57.70	100%		Y
					115.40		
					G.S.T	11.54	
TOTAL PAYMENT FOR MANTILLA Anecito					893.10		
TOTAL G.S.T FOR MANTILLA Anecito					89.31		

The recipient and the supplier declare that this agreement applies to supplies to which this tax invoice relates. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices ion respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.

Both parties to this supply agree that they are parties to an RCTI agreement. The supplier agrees to notify the recipient if the supplier does

not wish to accept the proposed agreement within 21 days of receiving this document.



Hunter New England Local Health District

CLAIMS DETAILS REPORT

VENDOR NUMBER:		CLAIM NUMBER:	1220543
VMO:	MANTILLA Anecito	MONTH / YEAR WORKED:	05 / 2015
FACILITY:	Cessnock Hospital	MONTH / YEAR PROCESSED:	06 / 2015

RURAL									
SEQ	SERVICE DATE	TIME	PATIENT TYPE	MRN NO.	NAME	ITEM NO	RUR %	VER	RESP. CENTRE
0001	29-05-2015	08:30	I	0676780	SIM CAROLE	1004	100.00	Y	561122
0002	29-05-2015	08:30	I	0676780	SIM CAROLE	1908	100.00	Y	561122
0003	29-05-2015	13:40	I	0604378	FORD NANCY	1908	100.00	Y	561122
0004	29-05-2015	13:40	I	0604378	FORD NANCY	1004	100.00	Y	561122
0005	25-05-2015	08:00	O O		ON CALL	1000	900.00	Y	561122
0006	25-05-2015	13:25	O		JONES LEESA ELIZABETH	1012	100.00	Y	561122
0007	26-05-2015	08:55	I	2482928	MARTIN SHIRLEY	1002	100.00	Y	561122
0008	26-05-2015	17:20	I	2482928	MARTIN SHIRLEY	1002	100.00	Y	561122
0009	28-05-2015	11:00	O	0676780	SIM CAROLE	1010	100.00	Y	561109
0010	28-05-2015	11:00	I	0676780	SIM CAROLE	1908	200.00	Y	561122
0011	28-05-2015	13:30	O	0676780	SIM CAROLE	1010	100.00	Y	561109