



Invoice

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|---------------------------|-----------------|---------------|
| Practice Name | Practice Name | Practice Logo |
| Practice Number | Practice Number | |
| VAT Number | VAT Number | |
| Tax Invoice Number | TI | |
| Account Number | Acc Number | |

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|---------------------------------------|------------------|
| Account Holder / Policy Holder | Name and Surname |
| Contact Number | Contact Number |
| Physical Address | Physical Address |

All fields must be clearly visible when submitted.
 No alterations, including use of Tippex will be accepted as a valid invoice.
 No invoice where patient details differ from insured will be accepted as a valid invoice.
 Missing VAT or Practice number will prolong our assessment of the claim as we will need to verify the provider invoices.
 For refunds, please ensure proof of payment and final invoice are included with claim submission
 No handwritten invoices will be accepted (invoices must be computerised)

| Date | Patient Name | Patient ID Number/Date of Birth | Description of Treatment / Procedure Code | Diagnosis / ICD-10 Code | Amount |
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| Practice Banking details |
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| Practice Banking Details |

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| Total Amount | R 0.00 |
|---------------------|--------|