



LATROBE HEALTH SERVICES LIMITED
P.O. BOX 41, MORWELL 3840
ABN 94 137 187 010

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SIMPLIFIED BILLING BATCH HEADER

FOR USE WHEN FULLY DETAILED ACCOUNTS ARE ATTACHED

Provider Name

Provider Number

Please ensure that all provider numbers are registered for our Simplified Billing prior to claiming

DECLARATION by completing the above and attaching the original account documentation I or my representative declare that:

- (i) The services detailed on the attached accounts were provided by me or on my behalf. The services were rendered to the patient whilst a private in-patient of a hospital or approved day hospital facility.
- (ii) By forwarding the attached accounts I agree to bill Latrobe Health Services directly for the services detailed.
- (iii) It is acknowledged that the collection of any patient balance (i.e. the difference between medical benefits payable by Latrobe Health Services and the total fee) shall be my responsibility.
- (iv) The patients have been advised of any expected patient balance on the anticipated services prior to the procedure.

DATE: / / NO OF CLAIMS INCLUDED:

TOTAL AMOUNT OF CLAIMS: \$

Privacy Statement At Latrobe Health Services our commitment is to handle personal information in a way that is consistent with our Privacy Policy and our obligations under state and federal privacy legislation. The collection of this information is necessary to process health insurance claims. To enable benefits to be paid we may need to disclose this information to a hospital, medical and other health service provider in relation to this episode. We may also disclose personal information to the member named as the policy holder (or any other person who lodges an authorised claim for benefits who would normally be the spouse of the member) where there is an entitlement to benefits under a family cover policy. If personal information is not provided, the consequences may include our inability to process this claim. If you would like access to your personal information or more details concerning our information handling practices, please contact Latrobe Health Services on 1300 362 144.

