Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 Sex at Birth: F IHI No.:

Lab. Reference: 25-77442732-FHM-0 Provider: QML Pathology

Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 Date Performed: 25/02/2025 Date Collected: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): FERTILITY HORMONE MASTER

Clinical Information:

CUMULATIVE FERTILITY HORMONES

Date Time Lab No	13/09/22 07:23 70789645	08:21	07:00	07:50	07:05		
LH FSH E2 Prog Testo. fTesto.c SHBG	55 75 110 5 1.1 13 64	48 75 70 4 1.0 13 55	55 95 110 4 0.8 10 58	48 85 120 7 1.0 13 55	43 65 140 13 1.2 15	pmol/L	(0.4-2.1) (4-21) (18-114)
Ranges:		icular N ase	Midcycle Peak	Lutea Phase		Post-Mer	nopausal
LH FSH Oestradic Progester	1 -	10 530 23	10 - 130 3 - 33 30 - 1310 rising	1 - 1 1 - 9 200 - 1 20 - 1	9 790	15 - 20 - < 12 < 3	140

Tests Completed: FREE T4, TSH, IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2 Tests Completed: LH, FREE TESTOSTERONE, FSH, SE CORTISOL, SERUM FOLATE Tests Completed: SERUM VITAMIN B12, SE TRIGS, SE CHOL, SE ZINC, SE VIT D, SE HDL, DHEAS

Tests Pending : SE VIT C

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 Sex at Birth: F IHI No :

Lab. Reference: 25-77442732-THY-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025 Date Performed: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): THYROID TEST MASTER

Clinical Information:

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date 11/08/21 03/03/22 25/02/25 Time 15:21 08:25 07:05 Lab No 29424734 69021256 77442732

4.3 mIU/L (0.50-4.00) 16 pmol/L (10-20) 2.8 3.2 TSH free T4 free T3 5.1 pmol/L (2.8-6.8)

< 1.3 IU/mL (< 4.6) 39 IU/mL (< 60) Thyroglobulin AbII Thy. Peroxidase Ab

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism.

Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

As the TSH result is abnormal, a fT4 result was reported to assist in the patient's clinical assessment.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

Tests Completed: THYROID TISSUE AB, FREE T3, FREE T4, TSH, IRON STUDIES

Tests Completed: TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH Tests Completed: SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS, SE CHOL Tests Completed: SE ZINC, SE VIT D, SE HDL, DHEAS

Tests Pending : SE VIT C

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 Sex at Birth: F IHI No.:

Lab. Reference: 25-77442732-VC-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025 Date Performed: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): VITAMIN C, SERUM

Clinical Information:

Serum Vitamin C

70 umol/L (10-115)

Tests Completed:THYROID TISSUE AB, FREE T3, FREE T4, TSH, IRON STUDIES
Tests Completed:TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Completed:SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS, SE CHOL
Tests Completed:SE ZINC, SE VIT C, SE VIT D, SE HDL, DHEAS

Tests Pending :

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Medicare No.: 26592297072 Sex at Birth: F IHI No.:

Lab. Reference: 25-77442732-DHE-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 Date Collected: 25/02/2025

Date Performed: 25/02/2025

Specimen:

Complete: Final

Subject(Test Name): DHE-S

Clinical Information:

CUMULATIVE DEHYDROEPIANDROSTERONE-SULPHATE

02/03/23 10/10/23 06/05/24 25/02/25 Time 08:21 07:00 07:50 07:05 72597370 74193586 75834203 77442732 Lab No

DHEAS 5.7 3.8 6.9 umol/L (0.1-5.2) 4.6

DHEAS 2100 1400 1700 2500 ng/mL (50-1900)

77442732 This is an elevated Androgen level, which may point to

. an Androgen - excess syndrome.

. Stein-Leventhal / Polycystic ovaries

. Cushing's syndrome

. Androgen-producing neoplasm of Ovary or Adrenal.

. Adult-onset Partial CAH (-congenital enzyme anomaly)

. Hypothyroidism . opiate use

. hormone implant

Tests Completed: DHEAS

Tests Pending :FREE T4, TSH, IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2
Tests Pending :LH, FREE TESTOSTERONE, FSH, SE CORTISOL, SERUM FOLATE
Tests Pending :SERUM VITAMIN B12, SE TRIGS, SE CHOL, SE ZINC, SE VIT C, SE VIT D

Tests Pending : SE HDL

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F Medicare No.: 26592297072 IHI No.:

Lab. Reference: 25-77442732-BFM-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025

Date Performed: 25/02/2025

Specimen:

Complete: Final

Subject(Test Name): MASTER VITAMIN B12 FOLATE

Clinical Information:

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date Time Lab No 06/05/24 25/02/25 07:50 75834203 77442732

B12 Total S.Fol.

485 pmol/L (162-811) 25.3 nmol/L (8.4-55.0) 869 35.1

Comment: 77442732

> Serum Folate Assay: Adequate Serum Folate.

In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:

Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Methodology:

B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07

Patients should contact their referring doctor in regard to this result.

Tests Completed: SERUM FOLATE, SERUM VITAMIN B12, DHEAS

Tests Pending :FREE T4, TSH, IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2
Tests Pending :LH, FREE TESTOSTERONE, FSH, SE CORTISOL, SE TRIGS, SE CHOL, SE ZINC
Tests Pending :SE VIT C, SE VIT D, SE HDL

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F

Medicare No.: 26592297072 Lab. Reference: 25-77442732-COR-0 IHI No.: Provider: QML Pathology

Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA **BERNADETTE**

Date Requested: 23/05/2024 Date Performed: 25/02/2025 Date Collected: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): ADRENAL MASTER Clinical Information:

ADRENAL STUDIES

Serum Cortisol 640 nmol/L 8am (220-720)

Collection time: 7:05 am

Tests Completed:SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, DHEAS
Tests Pending :FREE T4, TSH, IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2
Tests Pending :LH, FREE TESTOSTERONE, FSH, SE TRIGS, SE CHOL, SE ZINC, SE VIT C

Tests Pending : SE VIT D, SE HDL

Sex at Birth: F

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 IHI No .:

Lab. Reference: 25-77442732-VD-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 Date Performed: 25/02/2025 Date Collected: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): VITAMIN D, SERUM

Clinical Information:

CUMULATIVE SERUM VITAMIN D

Date	02/03/23	10/10/23	06/05/24	25/02/25		
Time	08:21	07:00	07:50	07:05		
Lab No	72597370	74193586	75834203	77442732		
Vitamin D3	133	138	132	148	nmol/L	(>49)

77442732

** Progress report.

Tests Completed: SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE VIT D, DHEAS
Tests Pending :FREE T4, TSH, IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2
Tests Pending :LH, FREE TESTOSTERONE, FSH, SE TRIGS, SE CHOL, SE ZINC, SE VIT C

Tests Pending :SE HDL

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 Sex at Birth: F

IHI No.:

Lab. Reference: 25-77442732-HDL-0 Provider: OML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025

Date Performed: 25/02/2025

Complete: Final

Specimen:

Subject(Test Name): HDL CHOLESTEROL.SERUM

Clinical Information:

CUMULATIVE LIPID RISK REPORT

COMOTHIIAE TILID KISK KE	PURI			
Date	02/03/23	06/05/24	25/02/25	
Time	08:21	07:50	07:05	
Lab No	72597370	75834203	77442732	
	FASTING		FASTING	
				Target if HIGH RISK
Total Cholesterol	6.4	5.7	5.0 mmol/L	(below 4.0)
Triglycerides	1.8	1.1	1.3 mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS				
HDL	1.99	1.96	1.85 mmol/L	(above 1.0)
LDL (calculated) *	3.59	3.24	2.56 mmol/L	(below 2.5)
Non-HDL cholesterol*	4.41	3.74	3.15 mmol/L	(below 3.3)
Total/HDL ratio**	3.2	2.9	2.7	

^{*} Secondary prevention LDL and non-HDL cholesterol targets are lower.

77442732 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Tests Completed: IRON STUDIES, SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS Tests Completed: SE CHOL, SE VIT D, SE HDL, DHEAS

Tests Pending :FREE T4, TSH, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH Tests Pending :FREE TESTOSTERONE, FSH, SE ZINC, SE VIT C

^{**} The ratio is for use with the cardiovascular risk calculator. Web-search: "Australian cardiovascular risk calculator"

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485 D.O.B: 21/06/1958 Medicare No.: 26592297072 Sex at Birth: F

IHI No .: Lab. Reference: 25-77442732-25T-0 Provider: QML Pathology

Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 Date Collected: 25/02/2025

Date Performed: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): E/LFT (MASTER)

Clinical Information:

CUMULATIVE	SERUM/PLASMA	BIOCHEMIST	RY			
Date		13/09/22	02/03/23	25/02/25		
Time		07:23	08:21	07:05		
Lab No		70789645	72597370	77442732		
		FASTING	FASTING	FASTING		FASTING
Sodium			138		mmol/L	
Potass.			4.7		mmol/L	
Chloride			105		mmol/L	
Bicarb			30		mmol/L	
An.Gap			8		mmol/L	
Gluc			5.3		mmol/L	
Urea			6.0		mmol/L	
Creat			79		umol/L	
eGFR			67		mL/min	(over 59)
Urate			0.44		mmol/L	
T.Bili			8		umol/L	
Alk.P			78		U/L	
GGT			21		U/L	
ALT			25		U/L	
AST			21		U/L	
LD			144		U/L	
Calcium			2.28		mmol/L	
Corr.Ca			2.32		mmol/L	
Phos			1.0		mmol/L	
T.Prot			68		g/L	
Alb			41		g/L	
Glob			27		g/L	
Chol		6.2	6.4	5.0		(3.6-7.3)
Trig		1.6	1.8	1.3	mmol/L	(0.3-2.2)
Lab No		70789645	72597370	77442732		
Date		13/09/22	02/03/23	25/02/25		

Tests Completed: IRON STUDIES, SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS

Tests Completed: RON STUDIES, SE CONTISON, SERON FOLKIE, SERON VITATION DIZ, Tests Completed: SE CHOL, SE VIT D, SE HDL, DHEAS
Tests Pending :FREE T4, TSH, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Pending :FREE TESTOSTERONE, FSH, SE ZINC, SE VIT C

Sex at Birth: F

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 IHI No.: Lab. Reference: 25-77442732-ISM-0

Provider: QML Pathology Referred by: MCGILL, DR. MAURA Addressee: DR MAURA B MCGILL

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025

Date Performed: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): MASTER IRON STUDIES

Clinical Information:

CUMULATIVE IRON STUDIES

Date	13/09/22	02/03/23	10/10/23	06/05/24	25/02/	25	
Time	07:23	08:21	07:00	07:50	07:05		
Lab No	70789645	72597370	74193586	75834203	774427	32	
Iron	18	17	10	13	13	umol/L	(10 - 33)
TIBC	50	50	52	50	52	umol/L	(45 - 70)
Saturati	36	34	19	26	25	8	(16-50)
Ferritin	52	60	76	61	68	11a/I.	(30 - 320)

Tests Completed: IRON STUDIES, SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS

Tests Completed: SE CHOL, SE VIT D, SE HDL, DHEAS
Tests Pending :FREE T4, TSH, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Pending :FREE TESTOSTERONE, FSH, SE ZINC, SE VIT C

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

Sex at Birth: F

D.O.B: 21/06/1958 Medicare No.: 26592297072 IHI No.: Lab. Reference: 25-77442732-ZN-0

Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA BERNADETTE

Date Requested: 23/05/2024 Date Collected: 25/02/2025

Date Performed: 25/02/2025

Specimen:

Complete: Final

Subject(Test Name): ZINC, SERUM

Clinical Information:

Serum Zinc

11 umol/L (10-25)

Tests Completed: FREE T4, TSH, IRON STUDIES, SE CORTISOL, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE TRIGS, SE CHOL, SE ZINC, SE VIT D, SE HDL, DHEAS
Tests Pending :TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Pending :SE VIT C

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F

Medicare No.: 26592297072 IHI No.:

Lab. Reference: 25-77442732-THY-0 Provider: OML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 **Date Collected:** 25/02/2025

Date Performed: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): THYROID TEST MASTER

Clinical Information:

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date 11/08/21 03/03/22 25/02/25 Time 15:21 08:25 07:05 Lab No 29424734 69021256 77442732

TSH 2.8 3.2 4.3 mIU/L (0.50-4.00) free T4 16 pmol/L (10-20)

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism. Suggest Thyroid Tissue Antibodies or a repeat test in 6 weeks if recovery after a transient Thyroiditis is suspected. Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

As the TSH result is abnormal, a fT4 result was reported to assist in the patient's clinical assessment.

Tests Completed: FREE T4, TSH, IRON STUDIES, SE CORTISOL, SERUM FOLATE

Tests Completed: SERUM VITAMIN B12, SE TRIGS, SE CHOL, SE VIT D, SE HDL, DHEAS
Tests Pending :TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Pending :SE ZINC, SE VIT C

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F IHI No.:

Medicare No.: 26592297072 Lab. Reference: 25-77442732-RMG-0 Provider: QML Pathology Addressee: DR MAURA B MCGILL Referred by: MCGILL, DR. MAURA

BERNADETTE

Date Requested: 23/05/2024 Date Performed: 25/02/2025 Date Collected: 25/02/2025 Complete: Final

Specimen:

Subject(Test Name): MAGNESIUM, RED CELL

Clinical Information:

Red Cell Magnesium

7.0 umol/g Hb (5.2-7.5)

The Red Cell Magnesium assay was performed and reported by the Royal Prince Alfred Hospital.

Tests Completed:THYROID TISSUE AB, FREE T3, FREE T4, TSH, IRON STUDIES
Tests Completed:TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Completed:SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12, SE TRIGS, SE CHOL
Tests Completed:SE ZINC, SE VIT C, SE VIT D, SE HDL, DHEAS

Tests Pending :

Sex at Birth: F

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485
D.O.B: 21/06/1958
Medicare No.: 26592297072 IHI No.:

Provider: QML Pathology
Referred by: MCGILL,DR. MAURA Lab. Reference: 25-66629615-FMZ-0 Addressee: DR MAURA B MCGILL

BERNADETTE

Date Requested: 27/03/2025 **Date Collected:** 1/04/2025

Date Performed: 1/04/2025 Complete: Final

Specimen:

Subject(Test Name): FAECES OCP AND M/C/S

Clinical Information:

FAECES FOR EXAMINATION APPEARANCE: Semi-formed MICROSCOPY

No ova, cysts or parasites seen.

CULTURE

No bacterial pathogens isolated

Tests Completed: FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR Tests Pending :

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F

 Medicare No.:
 26592297072
 IHI No.:

 Lab. Reference:
 25-96677909-CBT-0
 Provider:
 QML Pathology

Addressee: DR MAURA B MCGILL

Referred by: MCGILL,DR. MAURA
BERNADETTE

 Date Requested:
 27/03/2025
 Date Performed:
 1/04/2025

 Date Collected:
 1/04/2025
 Complete:
 Final

Specimen:

Subject(Test Name): UREA BREATH TEST

Clinical Information:

Urea Breath Test Equivocal (for the detection of Helicobacter pylori)

Breath Counts 75 (<50 = negative)

(typical positive = 800)

If the breath sample was not collected according to the protocol suggest repeating after the patient has abstained from antibiotics or bismuth containing preparations for four weeks, sucralfate for two weeks and proton pump inhibitors for one week.

Tests Completed:C-14 UREA BREATH TEST Tests Pending :

Patient Address: U 2023 9 ENID ST, TWEED HEADS 2485

D.O.B: 21/06/1958 Sex at Birth: F

Medicare No.: 26592297072 IHI No.:

Lab. Reference:25-66629615-FMP-0Provider:QML PathologyAddressee:DR MAURA B MCGILLReferred by:MCGILL,DR. MAURABERNADETTE

Date Requested:27/03/2025Date Performed:1/04/2025Date Collected:1/04/2025Complete:Final

Specimen:

Subject(Test Name): FAECAL MULTIPLEX PCR

Clinical Information:

FAECAL MULTIPLEX PCR

Parasites

Entamoeba histolytica DNA Not Detected Giardia species DNA Not Detected Dientamoeba species DNA Not Detected Cryptosporidium species DNA Not Detected Blastocystis species DNA Not Detected

Bacteria

Yersinia enterocolitica DNA Not Detected Campylobacter species DNA Not Detected Shigella species DNA Not Detected Salmonella species DNA Not Detected Aeromonas species DNA Not Detected

Tests Completed: FAECAL MULTIPLEX PCR Tests Pending : FAECES OCP & M/C/S

Patient Copy

STATEMENT OF CLAIM & BENEFIT PAYMENT

Printed From Pracsoft

Electronic Claim assessed by Services Australia

Please retain for Taxation Purposes

Location ID:

HSS57150

Claim Reference:

HSS5715003062509111114

Servicing Location:

Brickworks Medical Clinic Suite 5.02, 107 Ferry Road

Southport **QLD 4215**

Patient Details

IRN:

Medicare Card No:

2659 22970 7

Claimant Details Medicare Card No:

PAULA

IRN:

First Name & Surname:

STEELE BOYCE

Date of Birth: 21/06/1958 Surname:

Date of Birth: Telephone No:

First Name &

Address:

This claim has been:

ASSESSED

Servicing Provider Name: Servicing Provider No:

Dr Behnaz Barahmand

Payee Provider Name: Pavee Provider No:

4740566A

Account Reference No: 2996456c

3/06/2025 9:10 am 91891 Phone attendance by a general practitioner lasting at least 6 minutes if the attendance includes any of the	7.00	\$42.85
following that are clinically relevant: (a) taking a short patient history (b) arranging an		

Payment Details

This account is fully paid:

YES

The Medicare Benefit will be paid:

- To the account as displayed below or
- If your bank account details are stored with Medicare your payment will be made by EFT, if not, your Medicare benefit will not be paid. Once you have provided Medicare with your bank account details, your payment will be released.

If required, correspondence regarding this claim will be directed to the: ADDRESS HELD BY MEDICARE

This includes, if applicable, any Pay Doctor via Claimant (PDVC) cheques for the service provider. It is the responsibility of the claimant to forward the PDVC cheque to the service/ payee provider.

Claimant Declaration

I have paid for or am liable to pay the expenses for these services and these services are not excluded under the Health Insurance Act 1973 (i.e. are not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with employment) and/or Dental Benefits Act 2008. To the best of my knowledge and belief all the information disclosed in the lodging of this claim is true and accurate. I authorise the medical practice to electronically transmit my claim for Medicare benefits to Services Australia on my behalf. I also authorise Services Australia to contact the referring provider or the provider of the services if clarification of details on the account and/or receipt is required for assessment or auditing purposes.

For this claim, I have consented to this practice sending to, and receiving from Services Australia, the following information for verification:

- The patient's enrolment information including the patient's Medicare card and issue number;
- The patient's first name and Individual Reference Number
- The claimant's postcode information provided it matches my records; and
- The benefit amount for each service in this claim.

Privacy Notice: Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim

Your information may be used by the agency or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy at servicesaustralia.gov.au/privacy or by requesting a copy from the agency

Patient names and addresses may be disclosed to financial institutions when the claim is paid. Information about medical/dental expenses for people under the age of 18 may also be disclosed to adults on the same Medicare card, through taxation statements