



Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

Account Queries

(041) 3953305

(041) 3650881

✉ bayradaccounts@meditrust.co.za

📍 P.O BOX 7849 Newton Park

Port Elizabeth 6055

VAT No: 4350107761

Practice No : 3802248

Branch : Mercantile MRI

Date : 19 06 2025

Tax Invoice

Authorisation Number : REF 304311191 Hospital Claim : ☐

Invoice No : MR037337

Account Payment Methods: Cash, Credit Card or EFT. Please use MR037337 as a Ref. no

D POTGIETER

54 NORFOLK STREET
SHERWOOD
PORT ELIZABETH
6025

ID: 6706030093088

📞 0724186867

📱 0724186867

✉ dewald@blackhound.co.za

Patient : DEWALD POTGIETER

ID Number : 9005085114087

Dep. No : 0

Date of Birth : 08 05 1990

Referring Doctor Details

Doctor : GAJJAR, VP

Practice No : 0144304

Scheme: PAID ON SERVICE DATE (REC)

Plan: PAID ON SERVICE DATE

Med Aid No: .

Banking Details

Bank :Standard bank

Branch Code : 051001

Account No : 080338666



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TERMS OF PAYMENT Interest will be charged on overdue accounts.

Balance: R0,00

Procedures

Date of Service	ICD 10 Codes	Tariff Code	Description	Quantity	Tariff Price
18 06 2025	M25.56	72405	MR right knee, unenhanced	1	R10 610,00

Total Ex. VAT (15%) R9 226,09

VAT R1 383,91

Total Incl. VAT (15%) R10 610,00

Receipts

Date Paid	Type	Receipt No.	Batch No.	Description	Amount
18 06 2025	Credit Card	MZ004253			-R10 610,00

Account Age Current

Balance incl. VAT (15%) R0,00

AS ADMINISTRATIVE ERRORS DO OCCUR, PLEASE CONTACT OUR ACCOUNTS DEPARTMENT SHOULD YOU HAVE ANY
QUERIES REGARDING THIS ACCOUNT