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 : Greenacres General** **Date : 11 06 2025**

Tax Invoice **Authorisation Number :** **Hospital Claim :** ☐ **Invoice No : A0905458**

Account Payment Methods: Cash, Credit Card or EFT. Please use A0905458 as a Ref. no

D POTGIETER

54 NORFOLK STREET
SHERWOOD
PORT ELIZABETH
6025

ID: 9005085114080
0724186867
0724186867
dewie125@gmail.com

Patient : DEWALD POTGIETER
ID Number : 9005085114080
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

wallet doc
Click to Pay Online

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
10 06 2025	M25.56	72105	X-ray right knee, 1 or 2 views	1	R477,00

Total Ex. VAT (15%) R414,78
VAT R62,22
Total Incl. VAT (15%) R477,00

Receipts

Date Paid	Type	Receipt No.	Batch No.	Description	Amount
10 06 2025	Credit Card	AY004942			-R477,00

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