HCAHealthcare uk

INVOICE

Guarantor Name and Address Mr Kalin Grigorov Mladost 1 Sofia 1784 Bulgaria EU

Patient Name Danail Grigorov		Date Of Birth 24/04/07
Admission Date 12/08/24	Discharge Date 12/08/24	Invoice Type OUT/FINAL
Account Number M2548051/2	NHS Number	Invoice Date 13/08/24
Admitting Specialist Kulkarni,Anjana		Page 1 of 2
Reference Number		Amount Due £ 512.00

➢ Please detach this portion and return it with your remittance

Service Date	Description	Quantity	Amoun
12/08/24 12/08/24	PHLEBOTOMY SERVICE CHARGE SARCOMA GENE PANEL	1 1	37.00 475.00
AT Reg No. 657159115 Account Number: M2548051/2 ow to pay my account? lease see overleaf for payment terms and methods of payment.		SubTotal	£ 512.0
		VAT	£ 0.0
		Amount Due	£ 512.0

If you have any questions concerning this account, contact Customer Services on: 020 7034 4640 or email customerservice@HCAHealthcare.co.uk

METHODS OF PAYMENT

Please make all payments in GBP sterling

AT A BANK BY POST:

Bank: Barclays Bank Pic For postal payments please make your cheque payable to HCA International, please quote your

Account Name: **HCA International Ltd** account number (overleaf) on the reverse of the

cheque and send to:

Account Number: 80933279

Sort Code: 20-74-71 HCA Cashiers Trigg House

Quoting Reference: M2548051/2 Warren Drive
Your Account number on the front of this invoice Prestatyn

Denbighshire
IBAN Number: GB56 BARC 2074 7180933279 LL19 7HT

SWIFT Code No: BARCGB22

BY PHONE IN CASH

If you wish to pay by card over the phone please
Please bring this invoice along with photographic

call our Custom Service Team on ID to any of our facility cashiers booths

0207 034 4640 option 1 PLEASE DO NOT SEND CASH THROUGH THE POST

PAYING YOUR BILL ONLINE

You can pay your bill online, by scanning the QR code or visiting us at:

www.hcahealthcare.co.uk/online-payments/



PAYMENT TERMS

This invoice is due for payment now, and should be settled immediately using one of the methods described above.

Where fixed price, contractual or any other policy discounts have been applied to any account and subsequently the hospital experiences difficulties in collecting the discounted amount, the hospital management reserves the right to reverse the discount, and to re-bill the account in full. The amount shown as payable overleaf is net of discount.

Hospital policy is to require full payments by the time of discharge on all accounts not guaranteed by an approved Third Party, Interest will be charged at the rate of 12% per annum, calculated from the date of discharge, or the date of the invoice if an invoice is presented prior to discharge, on all accounts where credit has not been extended.

ANY FURTHER COLLECTION COSTS INCURRED BY THE HOSPITAL (INCLUDING FEES BILLED BY COLLECTION AGENCIES, CREDIT REFERENCE AGENCIES AND SOLICITORS) WILL BE ADDED TO THE FINAL AMOUNT PAYABLE.



