



Patient details

Date the payment is due to be paid by

Tax Invoice
Ambulance Treatment and/or Transport

ACT EMERGENCY SERVICES AGENCY
ABN: 77 972 506 632

Invoice To	Details
FIRST NAME SURNAME STREET ADDRESS SUBRUB STATE POSTCODE	Customer Number : 123456 Invoice Number : 9240123456 Invoice Date : 11-OCT-2024 Payment Terms : 30 DAYS NET Due Date : 10-NOV-2024 Amount Payable : \$1,107.00

Line	Description	Qty	Unit	Unit Price	Total Exc GST	GST	Total Inc GST
1	294.1 - EMERGENCY AMBULANCE TREATMENT AND TRANSPORT FROM HOME ADDRESS TO NORTH CANBERRA HOSPITAL A/E ON 01/10/2024 - VACIS CASE:12345	1	EACH	\$1,107.00	\$1,107.00	\$0.00	\$1,107.00

Invoice Totals:	\$1,107.00	\$0.00	\$1,107.00
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Details of the service provided including the case reference number and treatment date.

Total amount to pay

PLEASE SEE OVER BEFORE MAKING PAYMENT

NOTE THAT AMBULANCE TRANSPORT IS NOT COVERED BY MEDICARE

Payment enquiries should be directed to: **ESA AMB Accounts Receivable (02) 6207 9990**

EFT Payment can be made to:

BSB Number : 037-843
Account Number : 081+CUSTOMER NUM
Account Name : ACT Government Account
Reference : 9240123456

Please return this section with your payment to:

Shared Services Accounts Receivable
GPO BOX 158
CANBERRA CITY ACT 2601

Fax : (02) 6205 3201

Email: SharedServicesAmbulanceFinance@act.gov.au

Customer Number : 123456

Invoice Number : 9240123456

Invoice Date : 11-OCT-2024

Due Date : 10-NOV-2024

Amount Payable : **\$1,107.00**

EFT payment details

Concession card details & exemptions

You may be exempt from payment if at the time of your ambulance service:

<p>- I was a member of a private health fund</p> <p>OR</p> <p>- I held a Centrelink Pension Card or Health Care Card (and I am not a resident of QLD, SA or WA)</p> <p>OR</p> <p>- I held a Department of Veterans' Affairs Card</p>	<p>Please contact us with your Customer Number and Health Fund membership and/or Concession Card details so that we can verify your cover for your ACT Ambulance account</p> <p>OR Please forward the original invoice to your health fund to endorse that you were a valid financial member on the date of service. Your fund will need to forward an endorsed copy of the invoice to: SSAF@act.gov.au</p> <p>Full Legal Name: _____</p> <p>Concession Card Number/CRN: _____</p> <p>Name of Health Fund: _____</p> <p>Membership Number: _____</p> <p>Your Contact Phone Number: _____</p> <p>Your Contact Email Address: _____</p> <p><i>By providing your details, you authorise Shared Services to record and verify your ambulance cover on your behalf for the service.</i></p> <p>If you do not hold cover for the cost of the service and there is no other entitlement or exemption available to you, please contact us for payment options.</p>
<p>- I was an interstate or overseas visitor</p>	<p>NSW, NT, VIC, or TAS residents: If you are a member of and covered by your state ambulance service or private health fund, please forward the original invoice to your home state Ambulance Service or private health fund for verification of membership.</p> <p>QLD residents: Please contact Queensland Ambulance Service on 1300 369 003 or via email at QASDebt@ambulance.QLD.gov.au</p> <p>SA residents: Please contact the South Australian Ambulance Scheme on 1300 136 272 or via email at HealthSAASEnquiries@sa.gov.au</p> <p>WA residents: There is no reciprocal agreement for ambulance costs. Your private health insurance may cover the cost of your ambulance service fee.</p> <p>Overseas tourists: There is no reciprocal agreement for ambulance costs. Please pay your invoice by cheque (bank draft) made payable in Australian dollars. Request a receipt for your payment to claim through travel insurance if applicable.</p>
<p>- I was a victim of a violent crime, domestic violence, or sexual assault</p>	<p>Please contact us with your customer and invoice number for a case review. If we are unable to determine the exemption applicable to your case, we may further request you to provide additional information which may include evidence from a relevant supporting organisation or medical professional. A police incident number is appropriate.</p>
<p>- I was an ACT school student during an approved ACT school-based activity</p>	<p>Forward the invoice to the School Secretary and request the school issue a letter of confirmation back to SSAF@act.gov.au or via post.</p>
<p>- My Ambulance service was associated with a claim for Workers' Compensation or Third-Party Insurance</p>	<p>Please send your original invoice to the organisation handling your claim and provide us with your claim number via our contact information.</p>

Further information on who does not have to pay for ambulance services in the ACT can be obtained by visiting: www.esa.act.gov.au/actas/fees-and-charges

Applications for review of an ambulance account on the basis of financial hardship, other exceptional circumstances or because you are disputing the invoice must be made in writing, accompanied by any supporting documentation to Shared Services using contact details below.

<p>To make payment:</p> <p>Credit & Debit Cards: https://www.accesscanberra.act.gov.au/pay-online Select: Ambulance Account</p> <p>Bank Transfers: Please refer to details on the front of the invoice</p> <p>To arrange a payment by instalment plan, or should you be experiencing financial hardship please contact us.</p> <p style="text-align: center; color: red;">Credit card payment details</p>	<p>To contact us:</p> <p>Please call: (02) 6207 9990 and quote your customer number (Mon-Fri 9am – 5pm AEST)</p> <p>Email: SSAF@act.gov.au</p> <p>Post: Shared Services Accounts Receivable GPO Box 158 CANBERRA ACT 2601</p> <p style="text-align: center; color: red;">Contact details for queries</p>
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