

## 15. Practice Tax Invoice Requirements

Please send a tax invoice with the following details:

**Addressed to:** Wentworth Healthcare Ltd.

**Practice / Business name:**

**Practice ABN:**

**Relevant practice bank details:**

**Tax invoice date:** XX/XX/XX

**Activity date:**

**Work undertaken:** Winter Strategy 2019 (please state which phase)

**Practice Participation Payment \_\_\_?** = \$ XXX.XX

**Total amount =** \$XXX.XX (incl. GST if applicable)

**Please email scanned Tax Invoices to: [sarah.keelan@nbmphn.com.au](mailto:sarah.keelan@nbmphn.com.au)**