PATIENT ACCOUNT CONTACT INFORMATION

The Women's and Children's Hospital, due to the volume of accounts that must be processed on a daily basis, has two separate patient account billing departments. There may be instances where we need to issue you with an account from each department when you have an inpatient or outpatient service. This can cause some confusion. If you require any clarification or have a question about the account that you have received please contact **one** of the departments as per the details listed below. You will be able to tell which department you need to contact based on the account remittance located on the bottom of the invoice that you have received. Each department has slightly different details printed so to ensure that your initial contact is with the applicable department, please compare your remittance to the examples.

If your account remittance looks like the one below you will need to contact the Health Accounting Service of the Women's and Children's Hospital.

Please return your payment to:	Cash ☐ Cheque ☐ Money Ord	ler Bankcard Visa
HEALTH ACCOUNTING SERVICE	Mastercard □ Amex □ Diners □	
72 KING WILLIAM ROAD	Card No	
NORTH ADELAIDE, SA 5006	Total Amount \$	Card Expiry Date /
Patient Number: YOUR NUMBER	Card Holder's Name	
Patient Name: YOUR NAME		
Statement Date: <i>DATE</i> Total Amount Date: \$ AMOUNT	Signature	<u>.</u>

HEALTH ACCOUNTING SERVICE CONTACT DETAILS

Phone Number: (08) 8161-6428 Fax Number: (08) 8161-6052

E-Mail maria.wright@cywhs.sa.gov.au

Supervisor: Maria Wright

If your account remittance looks like the one below you will need to contact the Revenue Department of the Women's and Children's Hospital.

Please return your payment to:	Cash □ Cheque □ Money Order □ Bankcard □ Visa □	
CASHIERS, WCH	Mastercard ☐ Amex ☐ Diners ☐	
72 KING WILLIAM ROAD	Card No	
NORTH ADELAIDE, SA 5006	Total Amount \$ Card Expiry Date /	
Patient Number: YOUR NUMBER	Card Holder's Name	
Patient Name: YOUR NAME		
Statement Date: DATE	Signature	
Total Amount Date: \$ AMOUNT	Signature	

REVENUE DEPARTMENT CONTACT DETAILS

Phone Number: (08) 8161-7336 Fax Number: (08) 8161-6052

E-Mail nina.colangelo@cywhs.sa.gov.au

Supervisor: Nina Colangelo