

# Psychological Access Plus TAX INVOICE

**Issued to:** Primary and Community Care Services  
PO Box 173, THORNLEIGH, NSW 2120

Invoice Number

Invoice Date:

Access Plus Referral ID:

Date of Service Contact	Venue for Service Contact	Post Code of Service Contact	What type of Service Contact was provided?	Was the Contact face to face, by phone or by video?	Who was involved in the Service Contact?	Did the client participate in the service contact?	Was an Interpreter used?	Duration of the Contact / No Show	Amount
									\$
									\$
									\$
									\$
									\$
<b>Other Notes or Comments:</b>							<b>Subtotal Excluding GST</b>		\$
							<b>GST</b>		\$
							<b>Total</b>		\$

Number of hours allocated <input type="text"/>	Number of hours remaining <input type="text"/>	The <b>first</b> service contact occurred on:
Episode Completion Status		
When was the client discharged clinically <input type="text"/> or administratively <input type="text"/>		The <b>final</b> service contact occurred on:
<b>Outcome Measure Administer at</b> <input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Final Service Contact</b> <input type="checkbox"/> K10+ (Adults) <input type="checkbox"/> K5 (Adult who identifies as Aboriginal or Torres Strait Islander) <input type="checkbox"/> SDQ - Parent Report Measure for Children aged 4-10 <input type="checkbox"/> SDQ - Parent Report Measure for Youth aged 11-17 <input type="checkbox"/> SDQ - Youth self-report measure (11-17)		<b>For Services Supplied By:</b> Provider name: Company Name: Tel: ABN: (ABN number or 46.5% withholding tax will be deducted) GST Registered (Please Select): Yes No