Home Care Providers PTY LTD

Statement

STATEMENT NUMBER
12345

STATEMENT PERIOD
April-2020

STATEMENT ISSUED
1-May-2020

HCP LEVEL
Level 1

Client name
Client address

Opening Balance	$ 544.01

Income Received

MONTH	YEAR	DESCRIPTION	DAYS	AMOUNT
April	2020	Home Care Funding Received	30	$ 2,798.10
Total Income				**$ 2,798.10**

Payments made

CATEGORY	DESCRIPTION	DAYS	AMOUNT
Services	Invoice 14280 – Care Services		$ 416.50
Fees and Charges	Invoice 14280 – Package Management Fee	30	$ 414.60
Fees and Charges	Invoice 14280 – Case Management Services	30	$ 552.90
Purchases	03/04/2020 – Kinetic Medicine		$ 168.00
Purchases	03/04/2020 – Unified Health		$ 378.99
Purchases	09/04/2020 – Kinetic Medicine		$ 168.00
Purchases	16/04/2020 – Kinetic Medicine		$ 168.00
Purchases	22/04/2020 – Kinetic Medicine		$ 168.00
Total Payments			**$ 2,434.99**
Total this month			**$ 363.11**

Closing balance of Home Care Package	$ 907.12

NOTES

SAMPLE