INVOICE

Robert Jones & Agnes Hunt
Orthopaedic Hospital NHS
NHS Foundation Trust
Accounts Receivable
RJAH Orthopaedic Hospital NHS FT
Oswestry
Shropshire
SY10 7AG

Account Number	433276
Invoice Number	20140142
Invoice Date	04-JUN-26
Payment due by	11-JUN-26

BARRY CHANDLER
PENTRE CEFN BACH
CRAIGLLWYN
OSWESTRY
SY10 9BJ

AR Contact : See Special Instructions below
Telephone: 01691 404224
Fax:
Email: rjah.credit.control@nhs.net

Provider: RL1 **NatWest:** 10010041 **VAT No:**654938006

Qty	Description	Unit Price	Net of VAT	VAT	Total
		£	£	£	£
1	FIXED COST TREATMENT - W3712 THR ADMISSION DATE : 15TH MAY 2026 DISCHARGE DATE : 16TH MAY 2026 RE : BARRY CHANDLER DOB : 11/06/1955 AVIVA POLICY : 027 JDT PAYMENT RECEIVED IN FULL PRIOR TO PROCEDURE PLEASE SEE ATTACHED RECEIPT	14,390.00	14,390.00	0.00	14,390.00
		Total	14,390.00	0.00	14,390.00

Special Instructions :ANY QUERIES PLEASE CONTACT ELAINA LEWIS /MAISIE EDKINS ON 01691 404307OR FINANCE ON RJAH.CREDIT.CONTROL@NHS.NET

AR contact name, account number and invoice number must be quoted on all correspondence.

PLEASE DETACH

REMITTANCE SLIP

For terms and methods of payment, please see overleaf

Account number	433276
Invoice number	20140142

Invoice amount	14,390.00
Remittance amount	

ROBERT JONES & AGNES HUNT NHS FOUNDATION TRUST PAYMENT TERMS

The Trust reserves the right to charge interest and a collection fee of £20 or 10% of the invoice value (whichever is the greater) on all accounts, which are overdue for payment. Note that terms and conditions of settlement for Health Care Purchasers are strictly in accordance with Department of Health guidelines.

PAYMENT CAN BE MADE BY THE FOLLOWING METHODS

- **BACS**

Account Number	10010041
Sort Code	60-70-80
Bank:	National Westminster Bank
A/C Name	GBS RE RJAH NHSFT

- **Bank transfer From Overseas (Payments in Sterling (GBP) only)**

Swift Code	NWBKGB2L
IBAN No.	GB61NWBK60708010010041
Remittance Information	10010041 / followed by our invoice information

- **Cheque (Please send cheques in Sterling (GBP))**

Please make payable to RJAH Hospital NHS Foundation Trust, write invoice num on reverse of the cheque, and send along with tear-off remittance slip overleaf to:
Accounts Receivable
RJAH Orthopaedic Hospital NHS FT
Oswestry
Shropshire
SY10 7AG

- **Bankline Book Transfer**
  NHS Customers Only

A/C Name	**GBS RE RJAH NHSFT**
Account No	**10010041**
Sort Code	**60-70-80**

- **Credit Card/Debit Card**

Please complete the payment slip below and send to:
Accounts Receivable
RJAH Orthopaedic Hospital NHS FT
Oswestry
Shropshire
SY10 7AG

(To make payment by telephone - 01691 404224)

Please debit my: Visa ☐ MasterCard ☐ Maestro ☐ Delta ☐ Solo ☐ £

Debit or Credit Card Number ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Issue Number (Maestro Only) ☐☐ Start Date ☐☐ / ☐☐ (Month / Year) Expiry Date ☐☐ / ☐☐ (Month / Year)

Cardholders Name and Address (as per card statement) _____

_____ Post Code _____

Contact Telephone Number _____ Signature _____

PLEASE ENCLOSE AN S.A.E. IF A RECEIPT IS REQUIRED