



First and Final Notice

How to pay

N.B. If you intend to pay this invoice prior to claiming with your health fund, please wait for your receipt to attach with the invoice before submitting a claim, to ensure your Health Fund pays you directly.



By mail

Please send your remittance slip and cheque or money order, made payable to Perth Children's Hospital, to the PO Box address stated on the top right hand corner of your invoice.



By phone

08 6456 0320

Please have your Invoice, Visa or Mastercard ready



By electronic funds transfer

Bank: Commonwealth Bank of Australia 300 Murray Street, Perth, WA, 6000

Account Name: CAHS Operating Account

BSB: 066-040 **Account:** 13303614

Swift Code: CTBA AU2S

Please quote Invoice number as reference



By Bpoint

[Please click on this link.](#)

Or scan the QR code which will take you to the BPOINT link.



For detailed payment instructions, [download the BPOINT payment manual.](#)

Account enquiries

Phone: 08 64560320

Email: PCH.AccountsReceivable@health.wa.gov.au

Please find your invoice/s attached to this First & Final Notice. Our terms are strictly 30 days from receipt of this notice. If you have any enquiries about the attached invoice/s, please contact us as soon as possible. Should we not hear from you or payment not be received, we will take further action.