



Women's Health Fund Referral Letter & Service Provider Form

Date ____/____/____

Dear _____

This letter is to introduce _____ DOB ____/____/____
whom this service is supporting with specific health services and/or items.

The item/service(s) required are:

Please note that items and services are only to be provided to the person whose name appears on this letter.

ATTENTION SERVICE PROVIDERS

Please send this letter attached to your invoice for payment purposes

within 31 days from the date of service delivery to:

Women's Health Fund, PO Box 248, North Hobart, 7002 or

Fax: 03 6236 9449 or

Email: info@womenshealthtas.org.au

If you have any questions, please do not hesitate to contact Women's Health Tasmania on 6231 3212.

Signature _____ Name _____

Organisation _____ Tel _____