



Health Service Provider Invoice



CLAIM NUMBER		ICBC CONTACT			
ACCOUNT NUMBER	GST REGISTRANT NUMBER	INVOICE NUMBER		INVOICE DATE (ddmmmyyyy)	
SUPPLIER NAME					
SUPPLIER CONTACT			SUPPLIER PHONE NUMBER		
CLIENT FIRST NAME		CLIENT LAST NAME		DATE OF MVA (ddmmmyyyy)	

Time Charges (e.g. therapy, consultations, assessments, reports, travel)

SERVICE DESCRIPTION & NAME OF THERAPIST	HOURS/SESSIONS	RATE	GST (if applicable)	AMOUNT	SERVICE DATE (ddmmmyyyy)

Sub Totals _____

Expenses and Disbursements (e.g. course fees, memberships, taxi, parking, mileage, medical supplies, prescriptions)

DESCRIPTION	QUANTITY	RATE	PST (if applicable)	GST (if applicable)	AMOUNT	SERVICE DATE (ddmmmyyyy)

Sub Totals _____

Totals _____

Service codes are no longer required

Invoice to be completed by provider for all medical-rehab services and supplies outside of MSP.

Invoice must be reconciled with pre-approved treatment or rehabilitation plan.

Invoice Total	\$ _____
Prior Amount Billed to Date	\$ _____
Total Billed	\$ _____