

Please see payment options below

Account #: 999999999

Invoice #: Z123456789012-1
Invoice Date: 12 May 2020

SAMPLE, CLIENT
1795 Willingdon Ave
Burnaby, BC V5C 6E3
Canada

Amount Enclosed \$ _____ VISA MASTERCARD
 AMEX CHEQUE
Card Holder's Name _____

Card No. _____ Expiry Date _____

Signature _____

 PLEASE MAIL THIS PORTION WITH YOUR PAYMENT

1081 Burrard Street, Vancouver, BC V6Z 1Y6 Canada
GST Registration #: 873465728

ST PAUL'S HOSPITAL

Invoice #	Invoice Date
Z123456789012-1	12 May 2020

Patient Name	Ref #	Account #
CLIENT SAMPLE		999999999

Service Date	Code	Description	Unit	Rate	Amount
01 Mar 2020	S3070	CAST PROTECTOR ARM	1	45.00	45.00
		AMOUNT DUE AND PAYABLE UPON RECEIPT.		Total Due	45.00
		These charges are NOT covered by BC Medical Services Plan (MSP). Please follow payment options listed below. To discuss your account or arrange payment, contact Revenue Services at the numbers listed below or email, patientbilling@phsa.ca .			

PATIENT COPY - PLEASE KEEP FOR YOUR RECORDS

TERMS & CONDITIONS

- All amounts are in Canadian Dollars.
- Amount due is payable in Canadian Dollars and due upon receipt.
- Interest will be charged 2% per month for late payment on account.
- Please note a \$30.00 fee will be applied to your account for any bank returned cheques due to Non Sufficient Funds .

PAYMENT OPTIONS

- IN PERSON: Cash, Cheque, Credit Card or Debit Card payments can be made in-person at Hospital Cashier sites
- ONLINE: <https://pay.healthcarebc.ca>
- PHONE: 604-297-8512 Option 1
- MAIL: make cheques payable to Providence Health Care Society
write the account number on the front of the cheque
mail to Revenue Services 1795, Willingdon Ave, Burnaby BC, V5C 6E3, Canada

FOR BILLING QUESTIONS:

Tel: 604-297-8512 OPTION 2
Fax: 604-297-9306
Email: patientbilling@phsa.ca

If you have recently paid this account, we thank you for your payment and we ask you to kindly disregard this notice.



How you want to be treated.

1081 Burrard Street, Vancouver, BC V6Z 1Y6 Canada
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Page 2 of 2

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