

Please see payment options below

Account #: 9999999

Invoice #: 99999999-1
Invoice Date: 13 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



1795 Willingdon Avenue, Burnaby, BC V5C 6E3 Canada
GST Registration #: 863530135

BC WOMEN'S HOSPITAL

Invoice #	Invoice Date
99999999-1	13 May 2020

Patient Name	Ref #	Account #
CLIENT SAMPLE		99999999

Service Date	Code	Description	Unit	Rate	Amount
01 Mar 2020	EMG1	EMERGENCY HOSPITAL FEE	1	359.00	359.00
				Total Due	359.00

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 Provincial Health Services Authority
write the account number on the front of the cheque
mail to Revenue Services 1795, Willingdon Ave, Burnaby BC, V5C 6E3, Canada

TO MAKE PAYMENTS

Tel: 604-297-8512 OPTION 1

FOR BILLING QUESTIONS:

Tel: 604-297-8512 OPTION 2

Fax: 604-297-9305

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



1795 Willingdon Avenue, Burnaby, BC V5C 6E3 Canada
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Page 2 of 2

BC WOMEN'S HOSPITAL

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Monday-Friday 8:00 AM - 4:00 PM PST

Email: patientbilling@phsa.ca

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