



Please see payment options below

Account #: 9999999

Statement 13 May 2020

Client Sample
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

Page 1 of 2



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

Bc Women'S Hospital

Statement 13 May 2020

| Patient Name | Ref # | Account # |
|---------------|-------|-----------|
| Client Sample | | 9999999 |

| Invoice # | Service Date | Description | Unit | Rate | Amount |
|------------|--------------|------------------------|------|------------------|---------------|
| 99999999-1 | 1 Mar 2020 | EMERGENCY HOSPITAL FEE | 1 | 359.00 | 359.00 |
| 99999999-2 | 8 Mar 2020 | EMERGENCY HOSPITAL FEE | 1 | 359.00 | 359.00 |
| | | | | Total Due | 718.00 |

PATIENT COPY - PLEASE KEEP FOR YOUR RECORDS

TERMS & CONDITIONS

- All amounts are in Canadian Dollars.
- Amounts due is payable in Canadian Dollars and due upon receipts.
- 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 .
- The STATEMENT will include charges, adjustments and subsequent payments. The amount outstanding on the STATEMENT is due IMMEDIATELY.

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
GST Registration #: 863530135

Page 2 of 2

Bc Women'S Hospital

Statement 13 May 2020

Patient Name

Ref #

Account #

Client Sample

9999999

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

Email: patientbilling@phsa.ca

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