

Please see payment options below

Account #: 999999999

Statement 31 Mar 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

1795 Willingdon Avenue, Burnaby, BC V5C 6E3 Canada
GST Registration #: 119261048

Vancouver General Hospital

Statement 31 Mar 2020

Patient Name	Ref #	Account #
Client Sample		999999999

Invoice #	Service Date	Description	Unit	Rate	Amount
Z123456789012-1	1 Mar 2020	CAST PROTECTOR ARM	1	45.00	45.00
Z123456789012-2	8 Mar 2020	CAST PROTECTOR ARM	1	45.00	45.00
				Total Due	90.00

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 Vancouver Coastal Health Authority
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.

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Vancouver General Hospital

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