



First Nations Health Authority
Health through wellness

Mental Health Counselling Invoice

IMPORTANT - TO AVOID PROCESSING DELAYS:

- ✓ COMPLETE ALL SECTIONS IN THE BOX BELOW
- ✓ DO NOT USE THIS FORM TO UPDATE PROVIDER INFORMATION (EMAIL UPDATES TO: mhproviderreg@fnha.ca)

CLIENT INFORMATION

CLIENT NAME _____

DATE OF BIRTH (YYYY / MM / DD) _____

STATUS NUMBER (MANDATORY FOR FIRST NATIONS) _____

PHONE _____

PROVIDER INFORMATION

PROVIDER NAME _____

PAYEE NAME (IF DIFFERENT THAN PROVIDER NAME) _____

EMAIL _____

PHONE _____ GST # _____

Invoice # (ensure # has not been used before for this client) _____ **Invoice Date** (YYYY / MM / DD): _____

Client's Signature Required for each session; can be signed by parent/guardian. For telehealth, list the location (community) of the client and the provider instead.)	Session Date (YYYY / MM / DD)	Session Duration (Bill in 15 minute increments)	FNHA Rate (\$ _____ multiplied by # of hours per session)	5% GST (If applicable)
			\$	
			\$	
			\$	
			\$	
			\$	
		Total Hours:	Invoice total (with GST): \$	

Are any of the sessions listed above revisions to sessions that have already been invoiced to the FNHA? If YES, please specify what has been revised and reference the previous invoice # and invoice date: _____

CERTIFICATION

I certify that the counselling services rendered were to the named client and that the client was present at each appointment. I have verified with the client that they have not become eligible for coverage under any other insurance plan or public program. I confirm that I am only billing FNHA for one client, even if more than one person attended the above session(s).

Provider Signature: _____ Date signed (YYYY/MM/DD): _____

Mail or fax your invoice to the FNHA: ATTN: Benefits Assessor, First Nations Health Benefits

Address: #540 - 757 West Hastings St., Vancouver, BC V6C 3E6. **Fax:** 604.658.2833

First Nations Health Authority Use Only	Finance Use Only Vendor # _____ Voucher # _____ AP Clerk: _____ Date Entered: _____
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Our processing service standard is 25 business days. If you do not receive payment, please call 1.877.477.0775. Payment requests older than one (1) year from the service provision date will not be accepted.