



Accounts Receivable

P.O. Box 2348, New Westminster, BC V3L 5B6
 Tel: (604) 520-4860 Fax: (604) 520-4789
 Toll Free: (866) 844-0106

Account Number	Date	Name on Credit Card	
SM123456/17	13/02/18	[Grid for Name]	
Patient Name		Credit Card Account No.	
DOE, JANE MIDDLE		[Grid for Account No.]	
Payment Amount	Signature	[Grid for Expiry Date]	Expiry Date
\$		<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card
		<input type="checkbox"/> Amex	<input type="checkbox"/> Cheque

Please return the above portion with your payment to ensure proper credit to your account.

Service Date	Description	Qty	Amount
27/05/17	TSER 500020 Immobilizer Shoulder	1	18.00
	*** SUMMARY BY SERVICE ***		
	Supplies	1	18.00

Account Number	Date
SM123456/17	13/02/18
Patient Name	
DOE, JANE MIDDLE	

This bill contains charges for hospital services only. Charges for physician services related to your care will be billed separately. Due upon receipt. For payment options, see www.fraserhealth.ca.

Total Charges	18.00
Total Credits	0.00
Total Due	18.00
Insurance Coverage	0.00
Patient Balance	18.00



Remit to:
 Fraser Health Authority
 Accounts Receivable
 P.O. Box 2348, New Westminster, BC V3L 5B6
 Tel: (604) 520-4860 Fax: (604) 520-4789 Toll Free: (866) 844-0106



fraserhealth

DATE	ACCT #	DESCRIPTION	QUANTITY	RATE	BALANCE
December 12, 2012	B1234567890	Uninsured-Resident of Canada			
		- Emergency Room Visit	1	\$260.00	\$260.00
		- Standard Ward Medical Stay Bed May 15 - 16,2011	1	\$1,042.00	\$1,042.00

**The daily rate is not broken down.
does NOT include Physician Fees,
CT,MRI, Appliances or
High Cost Procedures.**

Total Charges	\$1,302.00
Payment	
Please Pay This Amount in Canadian Funds	\$1,302.00

TERMS: Payable upon receipt
GST TAX # 89436-4041-RT0006

SITE: SURREY MEMORIAL HOSPITAL

MAILING ADDRESS:
P.O. Box 2348
New Westminster, B.C. V3L 5B6
Telephone: (604) 520-4027
Toll Free 1-866-844-0106 Fax: (604) 520-4789

PATIENT NAME:
DOE, JANE

HOSPITAL ACCOUNT NUMBER	STATEMENT DATE
B1234567890	08-Mar-18

JANE DOE
123 146A STREET
SURREY, BC V3S 2K4

	Amount
**Cheque	
Visa/Amex	
Master Card	
AMEX	

PLEASE SUPPLY CREDIT CARD NUMBER AND SIGN

Card Number
Expiry Date
Authorized Signature

****PLEASE MAKE CHEQUES PAYABLE TO FRASER HEALTH AUTHORITY**



INVOICE

Client Name: Doe, Jane
Account #: QX123456/17

Extended Care Charges

Residential Care Charges for JAN 1-31, 2018

Daily Rate or Monthly Charge: \$ 1140.00

Number of days: 31

Amount of Owing: \$1140.00

Should you have any questions, please contact: Jenny
604-520-4064

SITE: Queens Park Care Centre	MAILING ADDRESS: P.O. BOX 2348 NEW WESTMINSTER, BC V3L 5B6 FAX: (604) 520-4789
TERMS: DUE UPON RECEIPT GST TAX #89436-4040-RT0006	

CLIENT NAME: Doe, Jane
ACCOUNT #: QX123456/17

	AMOUNT
Visa	
Master Card	
Cheque	

Doe, Jane
c/o John Doe
123 Main St
BURNABY, BC V5H 4A7

PLEASE SUPPLY CREDIT CARD NUMBER AND SIGNATURE

Card Number
Expiry Date
Authorized Signature

** PLEASE MAKE CHEQUES PAYABLE TO FRASER HEALTH AUTHORITY **