

CASE PRESENTER – BILLING FORM

MENTAL HEALTH REVIEW BOARD

Note: Initials only for the first and last name of the patient
PLEASE DO NOT WRITE THE PATIENT'S FULL NAME

Invoice #: _____

PATIENT'S DETAILS	1st PANEL	2nd PANEL
Patient's Name	Initials only for first and last name	Initials only for first and last name
Facility		
Panel Date/Time		

EXPENSE DETAILS – Boxes below must be completed

	Preparation Time	Panel Time	Total Minutes	Sessional Rate	Total
Review Panel Time	min	min	min	\$ 604.32	\$

NOTE: Incomplete billing forms will be returned to you

Preparation time which is not otherwise payable as patient care is limited to a maximum of 120 minutes. Only one case presenter per hearing may tender a bill to the MHRB. A completed billing form must be received at the Board Office within 30 days of the hearing. Please confirm with the Panel Chair before leaving the hearing the length of your hearing time.

Office use only

SUPPLIER NUMBER:

EA:

QR:

SIGNATURE: _____

105 15FMA 10565 1500000

STOB 5507: \$

TOTAL: \$

eSignature: _____

Social Insurance No.: _____

e-Mail Address: _____

Date: _____

MMM/DD/YYYY

Telephone: _____

Cheque/Payment to:

Name: _____

(as it should appear on cheque; Co. must be in good standing)

Current Address: _____

(must be a business address, (unless you are not incorporated))

Note: The completed billing form must be submitted to MHRBScheduling@gov.bc.ca, or Johanna.Barbosa@gov.bc.ca, or faxed to 604-660-2403 within 30 days of the hearing.