

# 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	\$	\$

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.