



First Nations Health Authority
Health through wellness

Mental Health Counselling Invoice

SUBMIT TO: Fax: 1.604.658.2833

Mail: First Nations Health Benefits
#540 - 757 West Hastings Street
Vancouver, BC V6C 3E6
ATTN: Benefits Assessor

Incomplete Forms will not be processed

Services Provided for the following FNHB Program:

- Mental Wellness and Counselling Program
- Indian Residential Schools (IRS) Resolution Health Support Program
- Missing & Murdered Indigenous Women & Girls Health Services Support (MMIWG HSS) Program

Client Information

CLIENT NAME

DATE OF BIRTH (YYYY/MM/DD)

STATUS NUMBER

PHONE

Invoice # _____

Make cheque payable to (Payee Name & Address)

PROVIDER NAME

ADDRESS

CITY/PROVINCE

POSTAL CODE

PHONE

FAX

EMAIL

Invoice Date (YYYY/MM/DD): _____

Telehealth Location OR Client (Parent/Guardian) Initials	Session Date	Hour(s) per Session	Rate \$ _____ X Hours
			\$
			\$
			\$
			\$
			\$
			\$
	Subtotals		\$
Provider GST, Business OR SIN:		GST (If applicable)	\$
		Invoice Total:	\$

Certification

By billing the FNHA Health Benefits, you are certifying that the client was present at each appointment.

I certify that services indicated on the FNHA approval letter have been provided in whole or in part and rendered on behalf of the named client.

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

First Nations Health Authority Use Only

Finance Use Only

Vendor # _____ Voucher # _____

AP Clerk: _____ Date Entered: _____