

Billing and Receipts Infographic: A visual guide to industry standards

This infographic was adapted from the Canadian Life and Health Insurance Association's [Service and Supply Provider Receipt Best Practices for Group Benefits Reimbursement](#). It provides a visual guide to the key elements of the guide. We recommend that you consult the document directly for full details.

Legend:

- 1 Clinic Name. In practice settings where there are multiple providers, both the clinic name and the providers name should appear on the receipt.
- 2 Provider address. Indicate the physical location of the provider who rendered the service.
- 3 Provider phone number. Indicate the business phone number of the person who provided the service.
- 4 Provider name. Indicate the first and last name of the health care professional who delivered the service or product.
- 5 Professional identification and credentials. Indicate the providers' license/registration number and their professional designations (e.g. DC, ND, RMT, etc.).
- 6 Patient name. First and last name of the person who received the service or product.
- 7 Receipt date. If the date the receipt was issued is different than the date a service or supply was rendered, both must appear and be accurately labeled.
- 8 Receipt/invoice number. Each receipt should have a unique identification number. Duplicate receipts should always be clearly marked "**Duplicate Receipt – Original Issued on (Date)**".
- 9 Date of service (if different from above). If there are multiple service dates being billed on the same receipt, the date of each service should be displayed.
- 10 Type of service provided. Give a detailed description of the service provided.
- 11 Quantity of service provided. If there are multiple treatments on different dates, all dates should be shown on the receipt.
- 12 Government payment plan and/or other payment. If payment is made from a government plan to a provider, the receipt must indicate this and show the amount. For "other payment" indicate the type of payment (e.g. primary insurance, coupon, gift card, etc.).
- 13 Taxes. Charge and display as applicable.
- 14 Charge amount. The cost to the patient, after any discounts are applied should be indicated. This will be the amount considered eligible for reimbursement by the patient's group benefits plan.
- 15 Method of payment. Clearly indicate the method(s) of payment received.
- 16 No blank fields. Providers should not leave any blank fields on receipts as this may allow for tampering. Fill all such fields with \$0.00 or N/A, as applicable.

OCA
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1 OCA Test Clinic 4189777474
3
2 70 University Avenue
Toronto, Ontario
M5J2M4
Canada

6 Billed To PATIENT TEST
7 Date of Issue 10/05/2020
8 Invoice Number 0000441
Amount Due (CAD) \$0.00
Due Date 10/05/2020
Reference Test Chiro #CH109 5
4

Description	Rate	Qty	Line Total
10 CH-Initial Visit CH100	\$100.00 +HST	1	\$100.00
Athletic Tape INV01	\$25.00	1	\$25.00
Gift Card	-\$25.00	1	-\$25.00 12
	Subtotal		100.00
	10% Discount		-10.00
	HST (13%)		11.70 13
	Total		101.70 14
	Amount Paid		101.70 15
	Amount Due (CAD)		\$0.00 16

Notes
9 Payment Date: 10/06/2020