

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.
- 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 aspire

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

3 →

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
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
Subtotal			100.00
10% Discount			-10.00
HST (13%)			11.70
Total			101.70
Amount Paid			101.70
Amount Due (CAD)			\$0.00

11 →

12 →

13 →

14 →

15 →

9 →

Notes
Date of service: 10/06/2020

16 →

