



**Billing Information (for non-Ontario patients)**

➤ Do not fill out the billing form for patients who have an Ontario health card.

**• Health Care Provider or Hospital billed:**

Billing address of hospital, referring laboratory, clinic, referring physician, or medical group:

Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**• Patient or Guardian billed**     Patient     Guardian

Method of payment:     American Express\*     MasterCard\*     Visa\*

Name on credit card:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Cardholder Signature (required): \_\_\_\_\_

Mailing/billing address of patient/guardian     Same as requisition

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*Processing fees of 3.00% +\$30.00 will be charged

