

**Please ship samples to:**  
**NSO Specimen Hub**  
**415 Smyth Road**  
**Ottawa, ON K1H 8M8**

**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: \_\_\_\_\_

• **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: \_\_\_\_\_

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

