

**As my Regulatory College and the Insurance Agreements:**

Receipts that must include the following information:

patient name (insurance refer as "member")

patient date of birth

appointment date

insurance date

payment date

service fee (included 5% GST)

amount paid by insurance

amount paid by patient and method of payment

duplicate receipt (original receipt date)

(Stamp)

RMT name (insurance refers as "provider")

RMT registration number (CMTBC Reg#)

GST #

RMT signature/initials

**\* Conditions to issue receipt:**

1. Patient pay, and requests for receipt.
  2. Member pay: Insurance pays member and member (Patient) must pay provider (RMT) directly.
- \* This case receipt is not negotiable for tax purposes nor insurance claims.
3. Only the Purchaser of a gift-certificate with the notation "Gift Certificate Purchased for..."

**No receipt issued:**

1. If Insurance pays all fees.
2. Patient (Pt) declines.
3. If patient's appointment is paid by gift-certificate.