

INVOICE REQUIREMENTS (Must include referral reference # provided by QHC)

Bill to:	Patient Name:	Referral #
QHC – Quinte Health Care 265 Dundas Street East Belleville, ON K8N 5A9 Attention: Accounts Payable Invoices can be submitted via the following options: Email to ap@qhc.on.ca *All emailed client information must be secure and password protected* Via “ONE Mail Direct” which is an encrypted email service to allow users too securely and confidentially exchange patient health information. By Fax to: 613-961-2506 Or mailed to the address shown above	Date of Birth:	
	Health Card Number with version code:	
	Number of Visits (Dates of sessions DD/MM/YY)	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
8		
9		
10		
Hip	Right <input type="checkbox"/> OR Left <input type="checkbox"/>	
Knee	Right <input type="checkbox"/> OR Left <input type="checkbox"/>	

To bill for bundle rehab services provided, the pathway must be completed with patient having met goals or transferred to another provider (must include that detail). Once the patient has been discharged from your services and within 30 days of discharge, please send all documents (invoice/service discharge summary and if necessary the completed Electronic Funds Transfer Form) to the FAX above

1. One invoice per patient
2. One Discharge Summary form per patient
3. Electronic Funds Transfer Form (if first invoice to our hospital)

The clinic must complete the NACRS Clinic Lite data reporting tool for this patient. More information can be found at: <https://www.cihi.ca/en/nacrs-clinic-lite>

Patient Reported Outcome Measures (PROMS): upon discharge from your rehab clinic the patient is to be reminded to complete their 3 month and 1 year PROMS survey on line.

For all invoice processing inquiries and questions please email: bundledarthroplasty@qhc.on.ca

DETAIL		TOTAL
<input type="checkbox"/>	Hip Bundled Care Post-Acute Rehabilitation Program	\$300
<input type="checkbox"/>	Knee Bundled Care Post-Acute Rehabilitation Program	\$250

Invoice Date: _____
(DD/MM/YY)

Total Due _____