Ministry of Social Development and Poverty Reduction
BRITISH COLUMBIA

Facility/Residence Invoice - Monthly User Rate

Service Provider ID Number

Invoice Number

A: Facility/Residence Type

Community Care

☐ Licensed Community Care - Residential Long Term Care Home

☐ Registered Community Care - Assisted Living

☐ Community Care - Family Care Home

☐ Licensed Community Care - Short Stay - Respite, Hospice, Convalescence

B: Invoice Information

1. Invoice Date (yyyy/mmm)

2. Payee

Address

Postal Code

Telephone

Fax Number

3. Service Provider Name (if different than Payee)

4. License or Registration Number   Capacity

5. Certified That Services Were Rendered as Stated Below

Name and Title (please print)

Signature   Date Field (yyyy/mmm/dd)

C: Client Invoices Lines

	A	B	C	D	E	F	G	H
	SIN or PHN	Name	Birth Date (YYYY/MMM/DD)	Number of Days	Monthly Rate	Total Charged	Deduct Recipient Contribution For the Month (if any)	Total Billed
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
					Totals:			

Ministry of
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Completion Instructions - HR0150B
Facility/Residence Invoice - Monthly User Rate

Service Provider

A: Facility/Residence Type
 1. Indicate the type of facility/residence by checking the appropriate box

B: Invoice Information
 1. Enter the 'Year' first then the 'Month' to which the invoice applies
 2. Enter the Payee name
 3. Enter the Service Provider name in which care is provided if different from above
 4. Enter the license or registration number of the facility/residence and bed capacity supporting the Facility/Residence Type indicated in Section A. If not registered or licensed, enter N/A (not applicable) in both boxes
 5. Service provider signing officer must certify the information recorded is correct and the date they certified this information

C: Client Invoice Lines
 A. Enter Social Insurance Number (SIN) or Personal Health Number (PHN) of each client
 B. Enter the first and last for each client being billed for (this form may be used for more than one client)
 C. Enter the birth date of each client
 D. Enter the number of days that the client was in care during the billing period
 E. Enter the monthly rate
 F. Calculate the total charged based on the number of days the client was in care
 G. Enter the total dollar amount contributed by the client, and/or contributed on behalf of the client
 H. Enter the total dollar amount billed by subtracting the amount shown in (G) from the amount shown in (F), and enter the answer in (H)

Note: *do not balance forward* (every page is separate).

Total separately, columns F and H. In each "Total" box, enter the applicable figure.