

Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement

Canadian Life & Health Insurance Association
Association canadienne des compagnies d'assurances de personnes

Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement

The following is a suggested list of best practices to be used by medical service and supply providers when invoicing customers. These best practices have been developed by member companies of the Canadian Life and Health Insurance Association (CLHIA) and are an important tool in ensuring valid claims are paid promptly. They also assist in reducing fraudulent activities and delays resulting from incomplete information.

General:

The same best practices generally apply to both handwritten receipts and computer-generated receipts. Where receipts are handwritten, they should be in a legible format.

Duplicate receipts issued to patients should be clearly identified as:

DUPLICATE RECEIPT – ORIGINAL ISSUED ON (DATE)

Providers should not leave fields on a receipt blank as this can allow for tampering. If a field is not applicable, N/A or a zero-dollar amount should be indicated. The more complete the information provided on a receipt, the less the chance of receipt tampering, or decline for reimbursement.

Suggested Receipt Fields and Information

INFORMATION THAT SHOULD APPEAR ON ALL RECEIPTS

FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
1 Receipt date	Date on which receipt was provided. May or may not correspond to 'date of service/supply'. If different, both must be indicated. We would suggest the following date format: YYYY//MM/DD	For online purchases, such as vision care (contact lenses, frames and lenses) receipts, the date on which the supply was shipped or dispensed, or the receipt date, is acceptable. The paid date, if different, is also required. For supplies that are received or purchased at an eligible provider, the date the supply was paid for and the date that the supply is dispensed are both required. We would suggest the following date format: YYYY/MM/DD If the medical supply is a rental, this must be noted.	For multiple receipts or service dates indicated on a single receipt, the dates of service must be clearly indicated, and only the dates where services have been completed should be indicated for reimbursement. Future dates will not be considered for reimbursement. This includes those situations where the consumer has prepaid for a series of visits. Services will only be reimbursed upon service delivery. The foregoing is consistent with both Canadian Payments Association and International Cheque standards.
2 Date of service / supply	Date of service if service rendered on date other than receipt date. If different, both must be indicated. If the receipt represents payment for several different service dates, all dates should be shown.	For online purchases, such as vision care (contact lenses, frames and lenses) receipts, the date on which the supply was shipped or dispensed, or the receipt date, is acceptable. The paid date, if different, is also required. For supplies that are received or purchased at an eligible provider, the date the supply was paid for and the date that the supply is dispensed are both required.	
3 Services Billed by Monthly Fee	Where a consumer has purchased a treatment series for a set monthly fee, receipt must show all dates of service each month and the total monthly fee. Where applicable, provide a breakdown of dates of service and cost for each.		

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FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
4 Government plan payment	Payment made by or billed to a government plan, if paid to provider, must be shown.	Payment made by or billed to a government plan, if paid to provider, must be shown.	Payment for a service or supply by a government plan must be clearly indicated on the receipt, or an Explanation of Benefits from the government plan or government grant payment must be included with the receipt for the service or supply for reimbursement. Example: Payments received from the Assistive Devices Program in Ontario or BC PharmaCare.
5 Other payment	If 'other payment' is indicated on the receipt, the type of other payment must be clearly indicated (ex: primary insurance payment, gift card, coupon, etc). If a loan is advanced to the consumer by the provider in order for the consumer to afford the services (ex: full treatment plan), or a payment plan has been agreed-to, this must be clearly indicated on the receipt. The receipt should indicate the loan, the payment plan and each payment when made by the consumer.	If 'other payment' is indicated on the receipt, the type of other payment must be clearly indicated (ex: primary insurance payment, gift card, coupon, etc). If a loan is advanced to the consumer by the provider in order for the consumer to afford the device (ex: CPAP machine), or a payment plan has been agreed-to, this must be clearly indicated on the receipt. The receipt should indicate the loan, the payment plan and each payment when made by the consumer.	

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FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
6 Provider name	The full first and last name of the individual who provided the service. This name should be shown consistently on all receipts issued by the service provider. When the service is provided by a clinic with multiple practitioners, the name of the individual who provided each service must be shown in addition to the clinic name (if applicable). If the services are provided under the supervision of another practitioner, both practitioner names and registrations (if applicable) must be shown.	The full first and last name of the individual or the full name of the company which provided the supply. This name should be shown consistently on all receipts issued by the supply provider. If multiple products are provided, the name of the individual who provided each supply must be shown.	
7 Provider address	The business address (physical location) of the individual who provided the service (may provide a PO Box if applicable). Must include at least the city and province where the provider is located.	The business address (physical location) of the individual or company which provided the supply. For custom orthotics, the insurer may require both the location of the dispensing provider and the lab.	If the physical location where the service/ supply was provided/dispensed is different than the address used for assignment of benefits (ex: services delivered in client's home), both addresses should be clearly shown.
8 Provider phone number	The business phone number of the individual who provided the service.	The business phone number of the individual or company who provided the supply.	

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9 Provider professional identification, designation or credentials	Provincially Regulated Providers Providers should clearly indicate their professional designations. Example: Naturopath – ND Chiropractor – DC AND: Providers should clearly indicate their membership/identification number assigned by their regulatory body. AND: Providers should indicate the province/territory they are registered in. Non-Regulated Providers Providers should clearly indicate their provider ID or their professional designation that identifies the professional association in which they are registered or affiliated. Example: Manitoba Massage Therapy Assoc- MTAM Acupuncturists- NSAA AND Membership/identification number assigned by the professional association.	The name and address of the provider should be clearly indicated on the receipt. When other parties are involved in the manufacture of the supply, the name and address of the other parties should also be provided. Example: Custom made orthotics or orthopedic shoes	The Professional Association, College or Board should be indicated on receipt. If not indicated, additional information may be requested if there are concerns about the use of protected designations.

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FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
10 Patient name(s)	The first and last name of the individual who received the service. In the case where more than one individual receives the service (e.g. couples counselling or fertility treatment), the first and last names of applicable individuals must be shown. In the case where other parties are treated or billed for services in relation to a patient's overall treatment (such as parent interviews for a child's treatment), the name(s) of the individual(s) receiving the service(s) and the name of the patient for which the services are ultimately related must be clearly identified.	The first and last name of the individual who received the supply and for whom the supply is intended.	In the case where there is a parent and child in the same family with the same name, SR/ JR or a distinguishing middle initial should be indicated in order to prevent the patient history from being entered incorrectly. Plan members are always encouraged to indicate the appropriate patient on the claim submission as well. For online purchases, such as glasses, if multiple members of the family purchased glasses the receipt should reflect all the names.
11 Type of service/supply provided	Detailed description of the service provided. Identification on whether this was an initial or subsequent visit. Example: Shiatsu massage therapy – initial visit Deep tissue massage – follow-up visit Chiropractic adjustment – initial visit If the service was provided in a group setting, the description should clearly state "Group" (e.g. Group counselling)	Detailed description of the supply provided. The description should include: Make and model number where applicable. Details of any modifications made to stock items. The description should also indicate whether the product is an initial dispense or replacement: Example: CPAP Machine – initial Prosthetic leg – replacement	For some equipment, devices or braces, additional information may still be requested. For items such as TENS and braces, the provider should indicate the body part for which the item is intended. Bundled services/supplies should be itemized.

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FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
12 Quantity provided	If the receipt represents payment for several different service dates, all dates should be shown.	Quantity of supplies, or the number of days' worth of supplies must be clearly indicated, or additional information may be requested. Example: Two pairs of support stockings	
13 Length of treatment	If services are billed on an hourly or time basis, length of service must be indicated. Example: 30-minute massage		When length of service is in question, and the duration impacts the amount paid towards an allowable maximum for the claimant, additional information may be requested if the length of service is not indicated.
14 Charge amount	Actual cost of service to the individual. Clearly show any discounts, taxes (see below), or amounts billed to different payers (e.g. government plan) as applicable. Example: $1.00	Actual cost of supply after any applicable discount to the individual. Example: $1.00 The invoice must indicate an amount for each item dispensed, even if the 'same' item: Example: 1. 1 pair Support Stockings $250 2. 1 pair Support Stockings $300	Always show dollar sign ($) immediately before charge amount (or after, if invoice is in French) in order to minimize risk of fraud. Example: $100.00 rather than 100.00 Do not indicate payment is made until actually received. Prepayment for future services must be disclosed. Please be advised that for online purchases, any shipping and handling costs associated with that purchase must be shown separately.

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FIELD	DESCRIPTION OF THIS INFORMATION: SERVICES	DESCRIPTION OF THIS INFORMATION: SUPPLIES	ADDITIONAL COMMENTS
15 Taxes (as applicable)	Regulated providers: no taxation of services if regulated in 5 or more provinces/territories; however, it is appropriate for certain additional items to be taxable (ex: ancillary services such as x-rays, lab tests, back-to-work notes, disability tax credit report, etc). Unregulated providers: services may be taxable.	Medical supply: services may be taxable Example: if tax is applied to glasses or contact lenses, this indicates that they are not corrective and may be reimbursed differently.	

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OPTIONAL INFORMATION

FIELD	DESCRIPTION OF THIS INFORMATION: MEDICAL SERVICES	DESCRIPTION OF THIS INFORMATION: MEDICAL SUPPLIES	ADDITIONAL COMMENTS
16 Receipt number	Receipt number as assigned by provider of service.	Receipt number as assigned by provider of the supply.	Useful for fraud management purposes, as it minimizes potential for duplication of receipts and provide for easy identification of receipt by provider.
17 Method of payment	Cash, cheque or charge/credit	Cash, cheque or charge/credit	Method of payment is optional for the service provider or supplier. However, the receipt must indicate that the payment has been made in full only if payment has been received.

Sleep Better Company[6]

INVOICE

456 Anywhere Street
Somewhere ON A1A 1A1[7]
Phone 416-999-1234[8]

INVOICE #
000902[16]
DATE DELIVERED June 21, 2024[2]
DATE June 21, 2024[1]

Sold to:
Jane Doe[10]
123 Street
Cantsleep ON H0H 0H0

QTY	Item Code	Description	Unit Price	Customer Portion	Customer Total
1[12]	**37403**	**A1 PAP System**[11] ***Breakdown:***	**$1,116.50**		**$701.00**[14]
	ADP-PS0001183	A1 autoset machine S/N 1234554321 ADP portion $415.50[4]	$554.00	25%	$138.50
	Option Non-ADP feature	A1 heated hose Device – integrated ioT communications	$97.50 $465.00	100% 100%	$97.50 $465.00
1	**63403**	**A1 mask – small**	**$300.00**	100%	**$300.00**
1	**THERAPYINT**	**Therapy initiation clinical service package**	**$499.00**	100%	**$499.00**
					Subtotal $1,500.00 Balance Due $1,500.00

HST#987654321RT001

ABC Health Clinic[6]

INVOICE

123 Anywhere Street
Somewhere ON A1A 1A1[7]
Phone 416-111-2222[8]

INVOICE #
000465[16]
DATE June 1, 2024[1]

PATIENT NAME:
Jill Smith[10]

Description	Provider	Date of Service[2]	Amount
Initial Assessment[11] Jill Smith	Dr. Sandra Day[6] Reg #: 123456[9]	May 1, 2024	$100.00[14]
In person consultation - 1 hour Parents of Jill Smith: John and Mary Smith[10]	Josephine West[6] Reg #: 111111[9] Supervised by: Dr. Sandra Day Reg #: 123456	May 15, 2024	$75.00
Virtual visit – 1 hour[13] Jill Smith	Dr. Sandra Day Reg #: 123456	June 1, 2024	$75.00
Total			$250.00
Paid by Visa[17] June 1, 2024			$250.00
Total amount owing			**$0.00**