



(ISC Use Only)		
Region	Provider No.	Date

MENTAL HEALTH COUNSELLING CLAIM REQUEST

Privacy Act Statement

The personal information you provide to ISC is governed in accordance with the *Privacy Act*. We only collect the information needed to administer the NIHB Program and IRS RHSP. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the *Privacy Act*. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-ajprp/coord-eng.asp. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Program Billed

- Indian Residential Schools - Resolution Health Support Program (IRS RHSP)
- Non-Insured Health Benefits (NIHB) - Mental Health Counselling (MHC)

SECTION A - Provider Information

Name		Business/Company Name			
Business Address (Number and Street Name)					
City/Town	Province/Territory	Postal Code	Telephone Number	Facsimile Number	
Email Address	Vendor Number (7-digit)	Invoice Number	GST/HST Number		

SECTION B - Claimed Mental Health Counselling Services

Please complete claims submitted for each client based on prior approval number.

Prior Approval Number	Date of Service (YYYY-MM-DD)	Duration (Hours)	Service Type (Check One where applicable)	Hourly Rate (\$)	Amount (\$)
			<input type="radio"/> Assessment <input type="radio"/> Individual/Family <input type="radio"/> Group Number of Participants: <input type="text"/>		
			<input type="radio"/> Assessment <input type="radio"/> Individual/Family <input type="radio"/> Group Number of Participants: <input type="text"/>		
			<input type="radio"/> Assessment <input type="radio"/> Individual/Family <input type="radio"/> Group Number of Participants: <input type="text"/>		

For most providers, see terms and conditions below as tax may NOT be charged ▶

Sub-Total	
Tax (%)	<input type="text"/>
Total	

IMPORTANT ▶ If Appointment Confirmation Sheet is not provided along with this form, payment will not be processed.

Provider's Signature X	Date (YYYYMMDD)
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Terms and Conditions

- The type of service, hours, and rates must be consistent with the information provided and approved in the Prior Approval Form. Providers will not be reimbursed for services that have not received prior approval. In some cases, daily rates are used.
- Indigenous Services Canada (ISC) reserves the right to ask for additional information and documents for clarification purposes, and to audit a provider at any time without further notice.
- In accordance with the terms and conditions of the applicable Programs, any claimed amounts determined by ISC to have been inappropriately paid will be reclaimed or offset from other amounts owing to the provider.
- The Agreement with the provider will be terminated immediately if ISC determines that fraudulent claims were submitted.
- In making this claim for reimbursement for services provided to the Provider's eligible client or clients, the Provider is neither an agent of nor a contractor to ISC. Accordingly, tax (including GST/HST and provincial taxes) will NOT be paid for services provided by professionals whose services are exempt under governing legislation. Most eligible providers fall in this category, including, but not limited to, Registered Psychologists, Registered Social Workers and Registered Psychiatric Nurses.
- No payment will be made for "no shows".