

COMOX VALLEY RESIDENTIAL CARE INITIATIVE - INVOICE

Name:

Business/Corporation Name:
(If billing as a corporation):

BILLING ITEMS

Billing Period - Month(s), Year

Basic Best Practice Incentive	<input type="text"/>	@	Cumberland Lodge	
- Number of Patients in Residential Care - includes new MRP patient(s) below	<input type="text"/>	@	Glacier View	
- \$100/eligible patient per annum (pro-rata monthly)	<input type="text"/>	@	The Views	Total Number of Patients: <input type="text"/>
	<input type="text"/>	@	CV Seniors Village	
	<input type="text"/>	@	Cummings Home	

New MRP Incentive

- Number of patients for whom you are the new MRP

- \$150/eligible new patient per annum

- List patients for whom you became the new MRP in this month (use additional paper if needed)

Patient Name:	<input type="text"/>	Facility:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

On Site Care Conferences

- Total number of On Site Care Conferences

- \$100/eligible patient per annum

- List patients (use additional paper if needed)

Patient Name:	<input type="text"/>	Facility:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Meaningful Medication Reviews

- \$50/eligible patient per annum

- List patients for whom you did a review in this month. These are to be reviews done outside of care conferences. (use additional paper if needed)

Patient Name:	<input type="text"/>	Facility:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

CODE TO: 4001 A

Approved by: