SAMPLE Provider Statement – Medical Supplies & Equipment

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         1         2         3         4         5         6         7         8         9         0         1         2         3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
PROVIDER NO.: XXX-9-XXX                              NIHB MS&E CLAIM STATEMENT
XXXXXXXXX-30-XXXXXXXXXXXXXXXXX                  From: CCYY/MM/DD to: CCYY/MM/DD                                  Page #:   999
                                                                                                  Payment Date: CCYY/MM/DD
                                                                                                  Process Date: CCYY/MM/DD
                                                                                                    Payment ID: 9999999999
                                                                                                Payment Method: CHQ/EFT
                                                                                                Payment Amount: $999999.99

DATE OF SERVICE   RX NO.      CLIENT ID NO.    SURNAME              GIVEN NAMES          D.O.B                    CLAIM/REG NO.
PRESCRIBER    APPROVAL NO.  DIN/ITEM CODE     QTY   DRUG/ITEM COST   DISP.FEE    MARKUP   3RD PARTY      AMT CLAIMED     NET AMT *

DD-MM-CCYY      XXX-9-XXX     XXX-10-XXX       XXXXXXX-20-XXXXXXXXX   XXXXXXX-20-XXXXXXXXX   DD-MM-CCYY              XXXX-12-XXXX
XXX-10-XXX    XXX-10-XXX    XX-8-XXX       X-5-X    9999.99-      9999.99-    9999.99-   9999.99-     99999.99      99999.99-
XXX XXX XXX XXX

DD-MM-CCYY      XXX-9-XXX     XXX-10-XXX       XXXXXXX-20-XXXXXXXXX   XXXXXXX-20-XXXXXXXXX   DD-MM-CCYY  XXX   XXXXX   XXXX-12-XXXX
XXX-10-XXX    XXX-10-XXX    XX-8-XXX       X-5-X    9999.99-      9999.99-    9999.99-   9999.99-     99999.99      99999.99-
XXX XXX XXX XXX


                                                                          Total Amount Submitted:   Total Amount Payable:
                                                                                  $999999.99               $999999.99

                                                          Amount Owing from Previous Period:                    $999999.99
                                                                          Total Amount Paid/(Owing):            $999999.99
                                        Please make your cheque payable to the Receiver General to the address shown below.
                                                                                                  ESI Canada
                                                                                                  5770 Hurontario Street
                                                                                                  10th Floor
                                                                                                  Mississauga  ON  L5R 3G5
                                                                                                  Attn  ESI Finance Dept.
This statement can be used for corrections.
RESPONSE CODE EXPLANATIONS: R1
XXXX   EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE-120-EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
GENERAL MESSAGE:
01-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
02-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
03-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
04-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
05-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
06-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
07-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
08-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
09-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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SAMPLE