Modèle du Relevé des demandes de paiement des fournisseurs – Médicaments

N^{O} DU FOURNISSEUR

NOM DU FOURNISSEUR
ADRESSE DU FOURNISSEUR

CHÈQUE : 99999999 DATE : AAAA-MM-JJ MONTANT : 99999,99 $

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01-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXMessage XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
02-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 120 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
03-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
04-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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08-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
09-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1         2         3         4         5         6         7         8         9         0         1         2         3
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1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012

Nº DU FOURNISSEUR : XXX-10-XXX
XXXXXXXXX-30-XXXXXXXXXXXXXXXXX

RELEVÉ DES DEMANDES DE PAIEMENT POUR MÉDICAMENTS DU PROGRAMME DES SSNA
DU : AAAA-MM-JJ AU : AAAA-MM-JJ

Date du règlement : AAAA-MM-JJ
Date de traitement : AAAA-MM-JJ
Nº du règlement : 9999999999
Méthode de règlement : CHQ/TÉF
Montant réglé : 999999,99 $

DATE DU SERVICE	Nº ORD.	Nº BÉNÉF.	NOM		PRÉNOMS		DDN			Nº DDP/ENREG.
PRESCRIPTEUR	Nº AP	NIM/CODE ART.	QTÉ	COÛT MÉD./ART.	FRAIS EXÉC.	MAJORATION	AUT. RÉGIME	MNT RÉCLAMÉ	MNT NET *	
AAAA-MM-JJ	*XXX-9-XXX*	*XXX-10-XXX*	*XXXXXXX-20-XXXXXXXXX*		*XXXXXXX-20-XXXXXXXXX*		*AAAA-MM-JJ*			*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										
AAAA-MM-JJ	*XXX-9-XXX*	*XXX-10-XXX*	*XXXXXXX-20-XXXXXXXXX*		*XXXXXXX-20-XXXXXXXXX*		*AAAA-MM-JJ*	*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										

Montant total réclamé : 999999,99 $
Montant total du règlement : 999999,99 $

Montant total réglé/(dû) : 999999,99 $

Veuillez libeller votre chèque à l'ordre du Receveur général et l'envoyer à l'adresse suivante :
Service des finances
ESI Canada
5770, rue Hurontario, 10e étage
Mississauga ON L5R 3G5

Ce relevé peut être utilisé pour effectuer des corrections.

EXPLICATIONS DES CODES DE RÉPONSE :

XXXX EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE-120-EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE