***SAMPLE Provider Statement – Pharmacy***

PROVIDER NO

PROVIDER NAME
PROVIDER ADDRESS

CHEQUE: 99999999 DATE: YYMMDD AMOUNT: $99999.99

```
01-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXBROADCAST MESSAGE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
02-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 120 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
03-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
04-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
05-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
06-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
07-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
08-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
09-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

```
1         2         3         4         5         6         7         8         9         0         1         2         3
```

SAMPLE

123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012

PROVIDER NO: XXX-10-XXX

XXXXXXXXX-30-XXXXXXXXXXXXXXXXX

NIHB PHARMACY CLAIM STATEMENT

From: CCYY/MM/DD to: CCYY/MM/DD



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: $999999.99
Total Amount Payable: $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:

XXXX EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE-120-EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE

SAMPLE