PROTECTED WHEN COMPLETED – B
First Nations and Inuit Health Branch

Mental Health Counselling Claim Form

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

SECTION A – Provider Information

Name:		Business/Company Name:		
Provider Address (Number and Street Name):				
City:	Province/Territory:	Postal Code:	Phone Number:	Fax Number:
Email:	Provider Number:	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 ($)	Amount ($)
			☐ Assessment		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			☐ Assessment		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			☐ Assessment		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			☐ Assessment		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			☐ Assessment		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
			○ Individual/Family ○ Group (# of participants ___)		
				Total	

The attendance sheet is provided along with the claim form? Yes ○ No ○

Please note that if no Appointment Confirmation Sheet is provided along with this form, the payment will not be processed.

Provider's Signature

Date (YYYY/MM/DD)

SECTION C – 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.
- Health Canada 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 Health Canada 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 Health Canada determines that fraudulent claims were submitted.

PRIVACY NOTICE

The personal information you provide to Health Canada 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 under the Department of Health Act. 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. Personal Information Banks (PIB) for IRS RHSP and the NIHB Program are in development. 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 Health Canada / Public Health Agency of Canada's ATIP Coordinator at 613-954-9165 or by email at atip-aiprp@hc-sc.gc.ca. 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.