



Ontario College of Pharmacists  
483 Huron Street  
Toronto, ON M5R 2R4

## Submission of Therapist or Counsellor Invoice

### To be completed by the Therapist

This form must be completed and submitted with each invoice. This form notifies the College if any information has changed since the original submission for **Form B: Therapist Information**.

Please ensure each invoice includes dates of the therapy services provided, the duration (in hours) per session, the rate and total service hours included for the billing period/invoice.

No payments will be made by the College for late or missed appointments.

**Print Name of Therapist or Counsellor:** \_\_\_\_\_

I agree that none of the information previously submitted in Form B has changed. **Yes**    **No**

If any information has changed, please specify:

*I confirm that this information is accurate and replaces the information previously submitted in Form B.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the Therapist*

\_\_\_\_\_  
Name of patient (please print)

**Please submit forms to:** [patientrelations@ocpinfo.com](mailto:patientrelations@ocpinfo.com)