



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 confirm the information previously submitted in Form B has not 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)