



## Client Billing Information

SLPs/Consultants - please have this form completed by all new clients and then submit it to our Beehive Therapy Office Manager.

Client's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardians (if under the age of 18):

\_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email address (to receive your invoice or be copied on invoices sent on your behalf to funding sources): \_\_\_\_\_

### Funding Source - please check:

- MCFD Autism Funding Unit
- MCFD At-Home Program: Extended Therapies
- Extended Health Benefits
- CKNW Orphans' Fund
- Variety the Children's Charity
- Direct Pay
- Other: \_\_\_\_\_

Payments for Extended Health or Direct Pay invoices can be made by cash, cheque or *online* credit card payment when the invoice is received. If there are any questions about billing procedures/invoices please contact our Office Manager, Evelyn at (604) 503-2832 or via [admin@beehivetherapy.com](mailto:admin@beehivetherapy.com)

**Please Note:** Clients and Families are responsible for managing their own funds, and ensuring that Beehive Therapy is aware of any funding limits, funding deadlines, or changes in funding source.