



**Payment Services**  
 Phone 604 276-3085 or toll free 1 888 422-2228  
 Fax 604 244-6292 or toll free 1 888 669-9970

**SUMMARY INVOICE FOR ANESTHESIA**  
*Visiting Specialists' Clinic*

► **PLEASE NOTE: Incomplete invoices will be returned. Submit one invoice per patient and attach anesthetic record.**

Name of anesthetist		Date surgery performed <small>YY / MM / DD</small>	
Payable to <i>(indicate MSP payee number)</i>			
Address		<b>Anesthesia</b>	
Name of surgeon			
Name of patient	Personal health number	WCB claim number	

Body part	Surgical procedure	MSP code	Time (hours)	Total (WCB use only)

Total hours	
Total payable (number of hours x rate ÷ 3.5)	\$

Signature	MD	MSP payee number
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