

THERAPY/COUNSELLING INVOICE SUBMISSION

The therapist/counsellor must sign and submit a copy of this form with each invoice for therapy/counselling provided.

None of the information provided by me in **Form B** (Therapist/Counsellor Information Form) has changed, except for the following:

Signature of Therapist/Counsellor

Date (YYYY – MM – DD)

**How to submit
the form(s)**

Email us
patientrelations@rcdso.org

OR

Print the form and mail it to us at
RCDSO Attn. PRC
6 Crescent Road, Toronto, ON M4W 1T1