

Molecular Genetics Laboratory

BC Children's Hospital & BC Women's Hospital
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Billing Form

Payment is only required for testing that is NOT covered by the BC Medical Services Plan.

PHSA will bill a provincial medical services plan provided there is a letter of pre-authorization.

Patient Information		
Last Name	First and Middle Names	Date of Birth (DD/MMM/YY)
Provincial Health Number	Referring Hospital ID #	Referring Clinic/Lab ID #

Payment Options

Payment Option 1: Institutional Billing

Invoices are sent from PHSA upon completion of each test or service.

Address	Contact Name
	Phone Number
	Fax

Payment Option 2: Payment by Credit Card

Testing will commence only after the receipt of payment information.
Payment is charged prior to initiating the test.

Name as it appears on card	Billing Address
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number	Phone Number
Card Expiry Date (MM/YY)	Security Code
← What's this? A 3-digit number on the back of the card	



Payment Option 3: Payment by Cheque or Money Order

Testing will commence only after the receipt of an enclosed cheque or money order made payable to "PHSA".
Cheque is cashed prior to initiating the test.

Who is providing the cheque or money order?	Phone Number
Address	