

Invoice Date

DD	MM	YYYY

<i>For Internal Use Only</i>	
Invoice Number:	_____ FMNB _____
Work Site Code:	090
FA:	4880
MHO:	

Guidelines

Medicare will pay a family physician associated with FMNB up to \$5,000 annually in the form of an overhead support payment. This payment is intended to encourage family physicians to renovate their offices, purchase additional information technology, or otherwise equip their offices. This payment is specifically to encourage teamwork, such as supporting the hiring of family practice nurses.

The payment will be made to the physician or the FMNB Group upon submission of a funding request via this invoice with brief description of expense.

Expenses will be incurred during the fiscal year in which the payment is being requested. The Province's fiscal year runs from April 1st to March 31st of each year. **Receipts must be maintained at the physician's office for audit purposes.**

Please Complete the Following and Submit to Medicare Payments
Service Provider Information

Service Provider Name	Service Provider Number
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Invoice Payable To

Name	Medicare Billing Number
Address	Telephone Number (_____) _____ <i>Private line if available - for use by Medicare personnel only.</i>

Billing Details

Service Code	Description of Expenses	Amount	Remarks
086	Hiring of Nurse / LPN		
	Office Technology		
	Office Equipment		
	Office Renovations		
	Total Payable		

Please send the completed form by email, mail or fax:

Manual Billing
 Medicare Payments
 Department of Health
 PO Box 5100
 Fredericton, NB E3B 5H6
 Fax: (506) 444-4999 • Email: DHMedpay@gnb.ca

Service Provider's Signature
