



## FORM D: Therapy Invoice Submission

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

Name of Therapist/Counsellor: \_\_\_\_\_

I agree that none of the information contained in Form B (Therapist/Counsellor Information) has changed  Yes  No

If any information has changed, please specify:

By signing this form, I agree that the information I am providing is in good faith and for no improper purpose.

\_\_\_\_\_  
Signature of Therapist/Counsellor

\_\_\_\_\_  
Date