



MAIL TO:
Health Sciences North/Horizon Santé-Nord
Accounts Receivable
 865 Regent Street South
 Sudbury, ON P3E 3Y9

Ramsey Lake Health Centre, Level 1, Room 1200
 41 Ramsey Lake Rd.
 Sudbury, ON

PAYMENT LOCATIONS:

Sudbury Outpatient Centre
 865 Regent St. South
 Sudbury, ON

AMOUNT ENCLOSED		TYPE	
\$		CLIENT - INVOICE	
CLIENT	CLIENT NUMBER	BILL NUMBER	BILLING DATE
NISHNAWBE-ASKI LEGAL	SRANISL	1	31/03/23
ADDRESS	<i>**Please quote invoice number from the description and bill number on your remittance.**</i> Payment Due within 30 days		
NISHNAWBE-ASKI LEGAL SERVICES CORPORATION 1805 ARTHURE STREET EAST THUNDER BAY ON P7E 2R6			

This will be your only detailed invoice - payment due within 30 days

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
30/03/23	DIRECT CLIENT TRANSACTIONS SRFHRINFO HEALTH RECORDS INFORMATION REQ ;RE: FRANK HOOKIMAW #22FEB23NIS187	1	187.40
			----- 187.40

Business Office Hours: Monday - Friday 8:00 am - 4:00 pm
 Inquiries can be made by Email: arinquiries@hsnsudbury.ca
 Phone: (705) 523-7100; ext 8131

HST # 885027243

TOTAL NEW CHARGES 187.40
TOTAL RECEIPTS/ADJUSTMENTS 0.00

RECEIPTS SUPPLIED UPON REQUEST
PLEASE INCLUDE PATIENT ACCOUNT NUMBER ON THE CHEQUE

PAYMENT METHOD: Visa, Mastercard, Amex, Cheque, Money Order, Cash, Interac, Internet Banking or Pre - Authorized Payment

This bill contains charges for hospital services only. Charges for physician services related to your care will be billed separately.

CURRENT DUE	187.40
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Health Sciences North
Horizon Santé-Nord

Operated by Hôpital régional de Sudbury Regional Hospital

INVOICE

Invoice # : 22FEB23NIS187

Date: February 22, 2023

TO:

NISHNAWBE-ASKI LEGAL SERVICES CORP
1805 ARTHUR STREET EAST
THUNDER BAY ON, P7E 2R6

Invoice Description:	Billing Month:	FEBRUARY
RE: FRANK HOOKIMAW		

Item Description	Amount																		
ADMIN FEE TO INCLUDE FIRST 20 PAGES	\$ 35.00																		
ADDITIONAL PAGES	\$ 152.40																		
MICRO FICHE PRINTING REELS																			
HOURLY PROCESSING DEES "IN EXCESS OF AN HOUR"																			
FRANK HOOKIMAW																			
71599																			
41969																			
REQUESTED BY: JUNE MARHILDON																			
<table border="1"> <tr> <td>HST# 885027243</td> <td>Sub-Total #1</td> <td>\$ 187.40</td> </tr> <tr> <td rowspan="4">Payment Method: Visa, Mastercard, American Express, EFT, Cheques, Money Order, Cash, Interact, Internet Banking or Pre-Authorized Payment</td> <td>Deposit Amount</td> <td>N/A</td> </tr> <tr> <td>US Exchange</td> <td>N/A</td> </tr> <tr> <td>Sub-Total #2 (CAD)</td> <td>\$ 187.40</td> </tr> <tr> <td>HST (13%)</td> <td>\$ -</td> </tr> <tr> <td colspan="2">Please make cheque payable to:</td> <td></td> </tr> <tr> <td>Health Sciences North/Horizon Santé-Nord Attention: Billings & Accounts Receivable 865 Regent Street South Sudbury ON P3E 3Y9</td> <td>Total (Cdn)</td> <td>\$ 187.40</td> </tr> </table>		HST# 885027243	Sub-Total #1	\$ 187.40	Payment Method: Visa, Mastercard, American Express, EFT, Cheques, Money Order, Cash, Interact, Internet Banking or Pre-Authorized Payment	Deposit Amount	N/A	US Exchange	N/A	Sub-Total #2 (CAD)	\$ 187.40	HST (13%)	\$ -	Please make cheque payable to:			Health Sciences North/Horizon Santé-Nord Attention: Billings & Accounts Receivable 865 Regent Street South Sudbury ON P3E 3Y9	Total (Cdn)	\$ 187.40
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