



# Invoice for Blood Pressure Devices Subsidized by The Kidney Foundation of Canada

**Instructions:**

Every three months (Mar 31, Jun 30, Sept 30, Dec 31), send an invoice to the Kidney Foundation of Canada, BC and Yukon Branch for reimbursement of home blood pressure monitors dispensed. Include name of patients provided with monitors, and the cost. Please send invoice within 30 days of quarter period end.

**Send to:**

Kidney Foundation of Canada, BC & Yukon Branch  
 Attention: Director of Programs  
 Fax: (604) 736-9703 Email: [bcyprograms@kidney.ca](mailto:bcyprograms@kidney.ca) Questions? Phone: (604) 558-6879

Date of invoice: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Pharmacy full mailing address: \_\_\_\_\_  
 Pharmacy name: \_\_\_\_\_  
 Pharmacy GST #: \_\_\_\_\_ Pharmacy contact name: \_\_\_\_\_  
 Pharmacy contact email: \_\_\_\_\_ Pharmacy contact phone: \_\_\_\_\_

| Patient Name       | Monitor Style<br>(Std,<br>Special/<br>Talking) | Actual Amount |     |       |          |     |     |       | Grand Total |
|--------------------|--|---------------|-----|-------|----------|-----|-----|-------|-------------|
|                    |  | Device        |     |       | Delivery |     |     |       |             |
|                    |  | Cost          | GST | Total | Cost     | PST | GST | Total |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
|                    |  |               |     |       |          |     |     |       |             |
| <b>GRAND TOTAL</b> |  |               |     |       |          |     |     |       |             |

**Maximum approved amount (excluding GST)**

|   |       |
|---|-------|
| BP monitor with standard sized cuff                                       | \$80  |
| BP monitor with special sized cuff or verbal assistance (talking monitor) | \$200 |