



MONTH.....  
CHILD'S NAME.....

FRIENDS OF BRAIN INJURED CHILDREN ACT INC –FBIC THERAPY CLAIMS

DATE OF SERVICE	INVOICE NO	SERVICE PROVIDER	TYPE OF SERVICE	AMOUNT	HAS ACCOUNT BEEN PAID YES / NO	COMMENTS

**BANK ACCOUNT DETAILS:**

**BANK:** .....

**ACCOUNT NAME:**..... **ACCOUNT NUMBER:** .....

INVOICES AND/OR RECEIPTS MUST BE ATTACHED OTHERWISE CLAIMS CANNOT BE CONSIDERED.

SIGNED.....

DATE .....

**FBIC:            GUIDELINES FOR SUBMITTING INVOICES FOR PAYMENT**

**VERY IMPORTANT:**

**READ ALL GUIDELINES BEFORE FILLING OUT AND SUBMITTING YOUR FORM. INCOMPLETE OR INCORRECT FORMS WILL NOT BE PROCESSED**

- Make sure the child's name is in the top right corner.
- Please pay the account before submitting it. You will then be reimbursed.
- All invoices/receipts from therapists need to have date, service, child's name, and also contact/bank details of the therapist for ease of payment.
- A claim form must be submitted with every INVOICE To FBIC.