



Sample Client

MEDdirect PHSP invoice
as per contract 2010-SAB00009-00156

123 Vanilla Blvd.
Unit 15
Markham, ON
L4L 4L4

Attention: Plan Administrator
Date: Jul. 21, 2010
Invoice #: SAM-0001-INV

Claim	Date	Amount
SAM-10-00001	2010-07-21	\$ 1,222.78
SAM-10-00002	2010-07-21	\$ 841.38
(a) Total all claims		\$2,064.16
(b) 10% administrative fee on (a)		\$206.42
(c) Subtotal		\$2,270.58
(d) 13% HST on (b)(RT86894 6237)		\$ 26.83
(e) 8% Retail sales tax on (a) (ON)		\$ 165.13
(f) 2% premium tax on (c)		\$ 45.41
Total payable (c + d + e + f)		\$ 2,507.95