

BAFFIN REGIONAL COMMUNITY HEALTH CENTERS

**PATIENT
MONEY ORDER TRANSFER**

To: Wilma Greenley/ Franca Iussa Tel: 1-613-523-1744
Financial Dept. OHSNI Fax: **1-613-523-8163**

From: _____ **Health Center** Tel: 867-_____

Fax: 867-_____

Date: _____ Time: _____

Pages: _____ Money Order or Draft Number _____

Transfer funds to:	Transfer funds from:	Amount to dispensed:	Received by:
(who is get the money)	(who sent to money)	\$ _____	(recipient's signature)
			(signed in Ottawa)

Payment authorized by: (person at Health Center who is mailing us the MO, so I know who to talk to if there is a problem)

Print name Signature

Funds dispensed to patient on: _____ (date money dispensed- to be filled in Ottawa)

Please Mail this form and Money Order to :
Remember the Money Order must be made out to OHSNI.

**OHSNI
c/o Wilma Greenley or Franca Iussa
Suite 120- 1929 Russell Road
Ottawa, Ontario. K1G 4G3**

Prior to faxing this form- attach a copy of the MO here so we can see the actual cheque.
The MO must be made out to OHSNI