## Clinical Services Contract—Invoice

Log onto PIP in the Application Portal on an IH computer or through IH Anywhere on your office or home computer. See separate instructions for IH Anywhere.

## **Overview**

I. To create a new invoice select "Create", then "New"

	New		
	Name †↓ ▼		
	U <u>1 - My Provider Profile and MOA Access</u> D <u>2 - My Contracts</u>		
	O3 - Draft Invoices and Claims		
	04 - Cancelled		
20/21-TEST 5096	-Primary Care-Tatla Lake		
Туре		First Billable Date	Last Billable Date
Clinical Service-Ho	ours-Flat-Obs Gyn	01-04-2020	31-03-2021

2. Select the invoice type by clicking on the highlighted invoice type

nvoice [	Details								
Contract F	Earning Code	5096			Contract Na	me: 20/21-TEST 509	6-Primary Care-1	atla Lake	
Invoice Ty	/pe:	Clinical Se	rvice-Ho	urs-Flat-Obs Gyn					
Invoice Su	ub Type:	Invoice							
Service St	tart Date:	01 - 03	- 202	1 * ? 🛍					
Pay Perio	<b>d:</b> 12	м	arch 1 2	021 - March 31 20	21				
	Date			Direct Hrs	Indirect Hrs	Clinical Admin Hrs	Hrs	Community	Subcontractor MS
8	01 - 03	- 2021	Ê	4.00			4.00	Tatla Lake 👻	
-	02 - 03	- 2021	<b>m</b>					Select Option 👻	
8									

3. Enter service start date—this is any day in the pay period

4. You may add lines by selecting Add Row—you can add as many lines as needed or delete (x) Lines that are not needed. Enter the invoice details including dates, start/end times, etc.

5. If you have subcontracted hours—please ensure you enter the MSC number for the subcontractor as well as their name.

6. You can enter comments in Provider notes. If your contract requires specific metrics, this will be communicated directly to you via email.

 Click Save at bottom of screen—you must save before you can "sign electronically" and submit the invoice



8. Once you have Saved and the screen has refreshed you can "sign electronically" under Provider Declaration by ticking the "I Accept" box (see below). The invoice is now saved as "draft". Clicking the *I Accept* box is considered your electronic signature for your invoice submission.

Provider Declara	ation
I accept:	I certify that the services invoiced here are accurate and meet the terms of my contract, no additional invoices for these dates and times will be or have been billed on this or any other contract.

9. Click **Submit** to submit your invoice. Please note, you can only submit one invoice per Pay Period.

SAVE	SUBMIT	CANCEL	5
SAVE	SUBMIT	CANCEL	9

10. Your **Home** page will show where your invoice is at any time during the approval and payment process.

- Draft Invoices Invoices that have been saved, but not yet submitted
- **Returned Invoices** Invoices that were reviewed by the Manager and sent back to you for more information
- **Pending Approval** After you have submitted your invoice it is now in process for approval and payment.
- Scheduled to Pay Invoice has been approved and will be paid on next payment date. The Pay Calendar can be located in the "News" section of PIP.
- Paid Payment made to Physician



\*\*If you require assistance, please contact us at <u>physcontracts@interiorhealth.ca</u> or (250) 862-4113\*\*