HOSPITAL ACCOUNT FORM

THIS SPACE RESERVED FOR TREASURY BRANCH ONLY				
Vote		Agency		Cheque No.
Allot.	E.R.	Amount		Date
				Examined and found correct
Total				Date

Payable to HALIFAX COUNTY HOSPITAL Hospital at R. R. NO. 1, DARTMOUTH, NOVA SCOTIA for the treatment of Indians of the SHUBANACADIE Agency during the month of NOVEMBER 1951

Date of Account DECEMBER 10, 1951

TO REACH THE INDIAN HEALTH SERVICES DEPT. OF NATIONAL HEALTH AND WELFARE, OTTAWA IN DUPLICATE AT THE END OF EACH MONTH.

NAME	AGE	BAND No.	BAND OR RESIDENTIAL SCHOOL	DIAGNOSIS (Must be given)	ADMITTED BY ORDER OF	RESULT	DATE OF ADMISSION	DATE OF DISCHARGE	No. of Days in this month	RATE PER ~~DAY~~ week	TOTAL
							BROUGHT FORWARD				
			AMOUNT DUE FOR MONTH OF OCTOBER								75 28
[redacted]			Shubenacadie	Mentl Def	H. C. Rice	Nil			30	8 50	36 43
[redacted]			do	do	do	do			30	8 50	36 43
			75.28 Paid Direct to Hosp								
							TOTAL 148.14				148 14

Goods and services received, prices fair and just. Approved for payment.

FOR DIRECTOR OF INDIAN HEALTH SERVICES AT OTTAWA, CANADA

I certify that this voucher is correct, that the charges are fair and just, and that the persons treated are Indian wards of the Government of Canada, living on Indian Reserves, or in premises not assessed for taxes, and unable to pay the account.

VOUCHER No. INDIAN AGENT

I certify that this account is correct, and that no part of it has been paid by any person.

HOSPITAL SUPERINTENDENT

IND. H. S. 55—1000 Pads—4-48 IND. P-109

Copy of sample from 312-64-1.5, County Home and Mental Hospital patient billing records, 1952, provided by Halifax Municipal Archives