



Tribunals Ontario

Criminal Injuries Compensation Board

655 Bay Street, 14th Floor
Toronto, ON M7A 2A3
Toll Free: 1-800-372-7463
Tel: (416) 326-2900 | Fax: (416) 326-2883
www.sjto.ca/cicb

Verification Form

A claimant must obtain express written permission from the Board authorizing payment of treatment expenses before they are incurred. This form must accompany each invoice for the treatment rendered. To avoid any discrepancies or problems with payment for treatment, a treatment provider should record the date(s) and type of treatment and have the claimant sign the form at the end of each treatment session. Invoices submitted prior to a monthly period and/or without a signed Verification Form, will not be processed. It is the treatment provider's responsibility to submit an invoice after each month has elapsed, or upon the completion of the service. The Board does not pay for missed appointments.

CICB File Number:	
Claimant Name:	
Treatment Provider's Name:	
Treatment Provider's Signature:	
For the One Month Period Ending:	

Treatment Date (MM.DD.YYYY)	Type of Treatment (include number of minutes per session)	Claimant's Signature (needed for each session)
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this form should be directed to the Criminal Injuries Compensation Board, 655 Bay Street, 14th Floor, Toronto, Ontario M7A 2A3. Telephone: (416) 326-2900 or Toll Free: 1-800-372-7463.