



# Tribunals Ontario

## Criminal Injuries Compensation Board

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## 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 <small>(MM.DD.YYYY)</small>	Type of Treatment <small>(include number of minutes per session)</small>	Claimant's Signature <small>(needed for each session)</small>
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X