

Primary Health Program Quarterly Return



C3

Fee Collection

Agency:	Primary Health Funding Source:	
Output:	Period:	Year:

Activity	Fee Collected (\$)
Restorative Care	
1 Audiology	
2 Dietetics	
3 Occupational Therapy	
4 Physiotherapy	
5 Podiatry	
6 Speech Pathology / Therapy	
7 Nursing	
8 Counselling Casework	
9 Health Promotion	
10 Fees Collected (activity not recorded)	
11 TOTAL (= 1 to 10)	

Signed (Chief Executive Officer):	Date:
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