

# Primary Health Program Quarterly Return



**C3**

## Fee Collection

|                |                                       |              |
|----------------|---------------------------------------|--------------|
| <b>Agency:</b> | <b>Primary Health Funding Source:</b> |              |
| <b>Output:</b> | <b>Period:</b>                        | <b>Year:</b> |

| Activity                                  | Fee Collected (\$) |
|---|--------------------|
| <b>Restorative Care</b>                   |                    |
| 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 9)                       |                    |

|                                   |       |
|-----------------------------------|-------|
| Signed (Chief Executive Officer): | Date: |
|-----------------------------------|-------|