**<Insert physician name(s), office/clinic logo, other contact information and date>**

Dear **<insert>**:

This attached invoice is in reference to my participation with **<insert committee, working group, other activity>**. As discussed previously, this work is not an insured service and thus, I am invoicing **<organization>** for my participation.

The fees quoted on the invoice are my own specific professional fees, which take into account my knowledge, expertise, level of experience and cost of forfeiting clinical practice time (where applicable). The fees have been set in accordance with the guidelines published by the Ontario Medical Association (OMA). Refer to the OMA Physician’s Guide to Uninsured Services for further information.

Should you have any questions, please don’t hesitate to contact me.

Sincerely

**<Insert name and signature>**