

WCB Billing Process

Example – Adjustments to Previous Billing Summary Health Care Provider Services

TREATMENT BILLING SUMMARY FOR MONTHLY/BI-MONTHLY BILLINGS			CHRO	
Profession Chiropractor		Worker's Last Name, First Name & Initial (Please Print) Sally Smith		
Clinic Name, Address & Postal Code ABC Clinic 999 – 1 st St. Saskatoon, SK S4X 7S9		Address 111 Albert St. Saskatoon, SK		
Clinic Billing # CHI012345		Postal Code S7K 9C4		WCB Claim # 1234-5678
Provider's Name, Address & Postal Code ABC Clinic 999 – 1 st St. Saskatoon, SK S4X 7S9		Patient's Phone # 555-1234		Personal Health # 123456789
Provider's Professional Designation Chiropractor		Date of Birth (dd/mm/yy) 28/01/86		Area of Injury shoulder
Phone # 777-9999		Date of Injury (dd/mm/yy) 01/01/06		Employer Name X Company
Fax # 777-8888		Employer Address 123 Hoffer Place, Saskatoon, SK S7K 2X1		
Email:				
Treatment Date	Fee Descriptor	Fee Code	Number of Units	Total
June 6, 2006	Subsequent Visit	2001	(3)	(\$101.25)
June 6, 2006	Subsequent Visit	2001	2	\$67.50
Total of all services for billing period:				\$67.50

In billing period June 1 to June 30, 2006 three subsequent visits were billed in error. Only two subsequent visits were provided.

** Please note that these are examples only and the fees used may not be the same fees which are applicable to your specific group. Please refer to the WCB fee codes and fees applicable to your specified group.*