

## WCB Billing Process

### Example – Billing Summary Health Care Provider Services

TREATMENT BILLING SUMMARY FOR MONTHLY/BI-MONTHLY BILLINGS				CHRO
<b>Profession</b> Chiropractor		<b>Worker's Last Name, First Name &amp; Initial</b> (Please Print) Sally Smith		
<b>Clinic Name, Address &amp; Postal Code</b> ABC Clinic 999 – 1 <sup>st</sup> St. Saskatoon, SK S4X 7S9		<b>Address</b> 111 Albert St. Saskatoon, SK		
<b>Clinic Billing #</b> CHI012345		<b>Postal Code</b> S7K 9C4		
<b>Provider's Name, Address &amp; Postal Code</b> ABC Clinic 999 – 1 <sup>st</sup> St. Saskatoon, SK S4X 7S9		<b>Patient's Phone #</b> 555-1234	<b>WCB Claim #</b> 1234-5678	
<b>Provider's Professional Designation</b> Chiropractor		<b>Date of Birth</b> (dd/mm/yy) 28/01/86	<b>Personal Health #</b> 123456789	
<b>Phone #</b> 777-9999	<b>Fax #</b> 777-8888	<b>Date of Injury</b> (dd/mm/yy) 01/01/06	<b>Area of Injury</b> shoulder	
<b>Email:</b>		<b>Employer Name</b> X Company		
		<b>Employer Address</b> 123 Hoffer Place, Saskatoon, SK S7K 2X1		

  

Treatment Date	Fee Descriptor	Fee Code	Number of Units	Total
June 1, 2006	Initial Assessment	2000	1	\$75.00
June 6, 2006	Subsequent Visit	2001	3	\$101.25
	Total			\$176.25

*\* 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.*