

Example – Adjustments to Previous Billing Summary

TREATMENT BILLING SUMMARY FOR MONTHLY/BI-MONTHLY BILLINGS			THER	
Profession Massage Therapist		Worker's Last Name, First Name & Initial (Please Print) Sally Smith		
Clinic Name, Address & Postal Code ABC Clinic 999 – 1st St. Saskatoon, SK S4X 7S9		Address 111 Albert St. Saskatoon, SK		
Clinic Billing # MAS 012345		Postal Code S7K 9C4		
Provider's Name, Address & Postal Code ABC Clinic 999 – 1st St. Saskatoon, SK S4X 7S9		Patient's Phone # 555-1234	WCB Claim # 1234-5678	
Provider's Professional Designation Massage Therapist		Date of Birth (dd/mm/yy) 28/01/86	Personal Health # 123456789	
Phone # 777-9999		Date of Injury (dd/mm/yy) 01/01/06	Area of Injury shoulder	
Fax # 777-8888		Employer Name X Company		
Email:		Employer Address 123 Hoffer Place, Saskatoon, SK S7K 2X1		
Billing Period: June 1 – June 30, 2006				
PRIMARY START DATE: <u>13/06/06</u> dd/mm/yy				
Fee Descriptor	Fee Code	Number of Units	Total	
Subsequent Visit	801	(3)	(\$84.00)	
Subsequent Visit	801	2	\$56.00	
Total of all services for billing period			\$56.00	

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.*