

Schedule "B"
Sample Billing for Massage Therapy Service Providers
Example – 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
Initial Assessment	800	1	\$40.00
Subsequent Visit	801	3	\$84.00
Total			\$124.00