

WCB Billing Process

Example – Adjustments to Previous Billing Summary

Health Care Provider Services

TREATMENT BILLING SUMMARY FOR MONTHLY/BI-MONTHLY BILLINGS		PHYS	
Profession Physiotherapist Clinic Name, Address & Postal Code ABC Clinic 999 – 1 st St. Saskatoon, SK S4X 7S9 Clinic Billing # PHY12345 Provider's Name, Address & Postal Code ABC Clinic 999 – 1 st St. Saskatoon, SK S4X 7S9 Provider's Professional Designation Physiotherapist Phone # Fax # 777-9999 777-8888 Email:	Worker's Last Name, First Name & Initial (Please Print) Sally Smith Address 111 Albert St. Saskatoon, SK Postal Code S7K 9C4 Patient's Phone # 555-1234 Date of Birth (dd/mm/yy) 28/01/86 Date of Injury (dd/mm/yy) 01/01/06 Employer Name X Company Employer Address 123 Hoffer Place, Saskatoon, SK S7K 2X1	WCB Claim # 1234-5678 Personal Health # 123456789 Area of Injury Shoulder	
Billing Period: June 1 – Jun 30, 2006			
PRIMARY START DATE: <u>01/06/06</u> <small style="margin-left: 150px;">dd/mm/yy</small>			
SECONDARY START DATE: _____ TERTIARY START DATE: _____ <small style="margin-left: 150px;">dd/mm/yy</small> <small>dd/mm/yy</small>			
Fee Descriptor	Fee Code	Number of Units	Total
Subsequent Visit	401	(3)	(\$84.60)
Subsequent Visit	401	2	\$56.40
Total of all services for billing period: \$56.40			

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.*