WCB SASKATCHEWAN WORKERS' COMPENSATION BOARD

200 - 1881 Scarth Street
Regina, Saskatchewan
S4P 4L1

(306) 787-4370
Toll Free Telephone: 1-800-667-7590
Fax: (306) 787-4311
Toll Free Fax: 1-888-844-7773

HOSP

Hospital Admission Record
Hospital Discharge Record
Resident and Out-Patient Account

Claim ____________

HOSPITAL - NAME AND ADDRESS	HOSPITAL CODE NO.	HOSPITAL ADMISSION NO.
	PERSONAL HEALTH NUMBER	

PATIENT	SURNAME	FIRST	MIDDLE	DATE OF BIRTH	DD	MM	YY

ADDRESS	OCCUPATION
EMPLOYER'S NAME	EMPLOYER'S ADDRESS
DATE OF INJURY	LOCATION OF ACCIDENT
TYPE OF INJURY	DIAGNOSIS
TREATMENT	RETURN TO WORK DATE
ATTENDING PHYSICIAN	ADDRESS

ADMISSION SERVICE

DATE OF ADMISSION	DATE OF DISCHARGE
DAY MONTH YEAR HOUR a.m. p.m.	DAY MONTH YEAR HOUR a.m. p.m.

PUBLIC WARD

TOTAL DAYS ____ days at $ ____ a day $____

OTHER SERVICES ____

OUT-PATIENT SERVICES

DATE OF SERVICE ____

TREATMENT ____

FEE FOR SERVICE ____

FINAL ACCOUNT YES ☐ NO ☐ TOTAL $

CERTIFIED THAT PATIENT RECEIVED SERVICES INDICATED

AUTHORIZED OFFICER DATE 19

FOR USE OF WCB ONLY

PLEASE MAIL TOP COPY TO THE WORKERS' COMPENSATION BOARD, REGINA, SASKATCHEWAN
RETAIN BOTTOM COPY FOR YOUR FILES

C-03-6
03/99 15M