



Saskatchewan  
Workers'  
Compensation  
Board

200-1881 Scarth Street  
Regina SK S4P 4L1  
www.wcbask.com

Tel: 306.787.4370  
Toll free: 1.800.667.7590  
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Toll-free fax: 1.888.844.7773

**PHYS**

Reference # or Invoice # Original  
WCB Claim Number \_\_\_\_\_

Name of Clinic _____		Provincial Health No. <u>123 456 789</u>	
Clinic # <u>SK 0000</u>	Caregiver # _____	Social Insurance # _____	
Phone # <u>(306) 522-4995</u>	Fax # <u>(306) 352-1735</u>	Date of Birth: <u>02 / 03 / 2017</u> <small>DD MM YYYY</small>	
<i>Physician's Name, Address, Postal Code</i>		<i>Worker's Name, Address, Postal Code</i>	
		JANE DOE 22 DISNEY AVE TOWN SK S4S 4B5	

Date of Injury	<u>01 / 08 / 2017</u> <small>DD MM YYYY</small>	Off Work	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Part of Body	<u>Ankle</u>			
Diagnosis	<u>strain</u>			
Employer Name	<u>Joe's Store</u>			

<b>Billing Period:</b>		<b>Start Date:</b>		
From	To	Primary	Secondary	Tertiary
<u>01 / 09 / 2017</u> <small>DD MM YYYY</small>	<u>30 / 09 / 2017</u> <small>DD MM YYYY</small>	<u>01 / 09 / 2017</u> <small>DD MM YYYY</small>	_____ <small>DD MM YYYY</small>	_____ <small>DD MM YYYY</small>

Fee Descriptor	Fee Code	# of Units	Est. Cost
Primary Physio Initial Biomechanical Assmnt	2000	1	\$95.98
Primary Physio Subsequent Visit	2001	5	\$233.55
Primary Physio Rtw Planning & Monitoring	2002	6	\$280.26
Primary Physio Initial Aerobic Assessment	2005	1	\$46.71
<b>Total</b>			<b>\$656.50</b>

Comments \_\_\_\_\_

\* indicates the fee amount has been overridden.  
This invoice is subject to WCB review



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Reference # or Invoice

Adjustment/Addition

WCB Claim Number

Name of Clinic _____		Provincial Health No. <u>123 456 789</u>	
Clinic # <u>SK 0000</u>	Caregiver # _____	Social Insurance # _____	
Phone # <u>(306) 522-4995</u>	Fax # <u>(306) 352-1735</u>	Date of Birth: <u>02 / 03 / 2017</u> <small>DD MM YYYY</small>	
<i>Physician's Name, Address, Postal Code</i>		<i>Worker's Name, Address, Postal Code</i>	
		JANE DOE 22 DISNEY AVE TOWN SK S4S 4B5	

Date of Injury	<u>01 / 08 / 2017</u> <small>DD MM YYYY</small>	Off Work	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Part of Body	<u>Ankle</u>			
Diagnosis	<u>strain</u>			
Employer Name	<u>Joe's Store</u>			

<b>Billing Period:</b>		<b>Start Date:</b>		
From	To	Primary	Secondary	Tertiary
<u>01 / 09 / 2017</u> <small>DD MM YYYY</small>	<u>30 / 09 / 2017</u> <small>DD MM YYYY</small>	<u>01 / 09 / 2017</u> <small>DD MM YYYY</small>	_____	_____

Fee Descriptor	Fee Code	# of Units	Est. Cost
Primary Physio Initial Biomechanical Assmnt	2000	1	\$95.98
Primary Physio Subsequent Visit	(2001)	(5)	(\$233.55)
Primary Physio Rtw Planning & Monitoring	(2002)	(6)	(\$280.26)
Primary Physio Initial Aerobic Assessment	2005	1	\$46.71
<b>Total</b>			<b>\$656.50</b>

**Comments**

2001	4	\$ 186.84
2002	7	\$ 326.97
2013	1	\$ 73.34
<b>Total</b>		<b>\$ 729.84</b>

\* indicates the fee amount has been overridden.  
This invoice is subject to WCB review