Saskatchewan Workers' Compensation Board

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

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

PHYS

Click on any field to start editing.

Reference or invoice: ____________________

WCB claim number: ____________________

Name of clinic: ______________________________ **Provincial Health Number:** ____________________

Clinic number: __________ **Billing number:** __________ **Date of birth:** ____________________ MM/DD/YYYY

Phone: ____________________ **Fax:** ____________________

Care provider's name, address, postal code

Worker's name, address, postal code

Date of injury: ____________________ MM/DD/YYYY

Part of body: ______________________________

Billing period: ____________________ MM/DD/YYYY **to** ____________________ MM/DD/YYYY

Primary Date	**Secondary Date**	**Tertiary Date**	**Mental Health Program**
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Description	Fee Code	Units	Explanatory Code	Cost
			Total	

Comments: ______________________________

Updated: 09/19

When writing to the WCB, please print name and claim or firm number.