



Saskatchewan
Workers'
Compensation
Board

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

Tel: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll-free fax: 1.888.844.7773

PHYS

Reference # or Invoice # Original
WCB Claim Number _____

Name of Clinic _____	Personal Health No. <u>123 456 789</u>
Clinic # _____	Caregiver # _____
Phone # _____	Fax # _____
	Social Insurance # _____
	Date of Birth: <u>01 / 11 / 1967</u> <small>DD MM YYYY</small>
<i>Physician's Name, Address, Postal Code</i>	<i>Worker's Name, Address, Postal Code</i>
	JANE DOE 123 ANYTOWN SK S4P 4L1

Date of Injury <u>01 / 07 / 2017</u> <small>DD MM YYYY</small>	Off Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Part of Body <u>arm</u>	
Diagnosis <u>strain</u>	
Employer Name <u>ABC Company</u>	

Billing Period:	Start Date:			
From	To	Primary	Secondary	Tertiary
<u>01 / 08 / 2017</u> <small>DD MM YYYY</small>	<u>31 / 08 / 2017</u> <small>DD MM YYYY</small>	<u>07 / 07 / 2017</u> <small>DD MM YYYY</small>	_____	_____

Fee Descriptor	Fee Code	# of Units	Est. Cost
Exercise Therapy Indiv. Exercise Instr. & Report	601	5	\$464.95
Exercise Therapy Group Supervised Therapy	602	2	\$38.20
Exercise Therapy Education Session	603	3	\$232.35
Exercise Therapy Rtw Planning & Monitoring	604	1	\$97.60
Conferencing	608	1	\$77.45
Total			\$910.55

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	Personal Health No.	123 456 789
Clinic #	Caregiver #	Social Insurance #
Phone #	Fax #	Date of Birth: 01 / 11 / 1967
<i>Physician's Name, Address, Postal Code</i>		<i>Worker's Name, Address, Postal Code</i>
		JANE DOE
		123
		ANYTOWN SK S4P 4L1

Date of Injury	01 / 07 / 2017	Off Work	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Part of Body	arm			
Diagnosis	strain			
Employer Name	ABC Company			

Billing Period:	Start Date:	Primary	Secondary	Tertiary
From	To			
01 / 08 / 2017	31 / 08 / 2017	07 / 07 / 2017		
<small>DD MM YYYY</small>	<small>DD MM YYYY</small>	<small>DD MM YYYY</small>	<small>DD MM YYYY</small>	<small>DD MM YYYY</small>

Fee Descriptor	Fee Code	# of Units	Est. Cost
Exercise Therapy Indiv. Exercise Instr. & Report	(601)	(5)	(\$464.95)
Exercise Therapy Group Supervised Therapy	602	2	\$38.20
Exercise Therapy Education Session	603	3	\$232.35
Exercise Therapy Rtw Planning & Monitoring	604	1	\$97.60
Conferencing	(608)	(1)	(\$77.45)
Total			\$910.55

Comments

601 4 \$ 371.96
608 2 \$ 154.90
610 1 \$ 97.60

* indicates the fee amount has been overridden.

This invoice is subject to WCB review

Total

\$ 992.61