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

HOSP

Click on any field to start editing.

Reset Form

Reference or invoice: _____

WCB claim number: _____

Name of clinic: _____ **Provincial Health Number:** _____

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

Phone: _____ **Fax:** _____

Hospital's name, address, postal code

Worker's name, address, postal code

Date of injury : _____ MM/DD/YYYY

Part of body: _____

Attending physician: _____

Employer name: _____

Treatment date MM/DD/YYYY	Description	Fee code	Number of units	Cost
			Total	

Comments: _____

Updated: 04/18

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

MISSION: ZERO