

C570H CHIRO INVOICE CORRECTION

WORKER DETAILS

			WCB Claim Number
Surname	First Name and Initial	Date of Birth <small>(Year / Month / Day)</small>	
Address Street	City/Town	Province	Postal Code
		Telephone Number	Date of Accident <small>(Year / Month / Day)</small>

Date of Service <small>(Year / Month / Day)</small>	Health Service Code/Description	Diagnostic Code	Quantity	Fee Submitted
Was				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Should be				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Was				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Should be				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Was				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Should be				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Was				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Should be				\$
<input type="text"/>	<hr/>	<hr/>	<hr/>	<hr/>
Additional Comments				
<hr/>				
<hr/>				
<hr/>				

Name and address to whom fee is payable: <small>(please print)</small>	Signature:	Telephone Number
	Printed Name:	Fax Number
	Provider's Reference Number:	Date: <small>(Year / Month / Day)</small>
WCB Billing Number: <hr/>		

Chiro Invoice Correction Instruction Sheet

This guide provides some instructions and relevant information for various fields on the Chiro Invoice Correction. For a more detailed explanation or to discuss billing procedures, please contact the WCB Claims Contact Centre at 780-498-3999.

The Chiro Invoice Correction should be used when changing or canceling information previously sent to the WCB.

Examples of when you may need to use this form include: original invoice had the wrong Health Service Code or an incorrect date of service. Please do not use this form for inquiries into outstanding payments. Please contact Medical Aid via the Claims Contact Centre if unsure of the best way to submit inquiries.

- Always record information on both lines: a) **WAS** - enter information which **was** previously sent to the WCB
b) **SHOULD BE** - enter information which **should have been** sent to the WCB (e.g. the correct information)
- The WCB claim number is required.
- All information regarding the patient must be completed.
- **Date of Service** - This date refers to the actual date the service was provided.
- **Health Service Code** - These codes are outlined in the latest version of your Chiropractors Contract. Please refer to this document.
- **Quantity** - This refers to the number of units provided.
- **Fee Submitted** - Fees Submitted refers to the contracted rate of the service code.
- **Name and address of practitioner to whom fee is payable** - This field identifies the name and address of the practitioner to whom the amount is payable.
- **Telephone Number** - This is the phone number where the practitioner can be reached.
- **WCB Billing Number** - The WCB billing number is a unique number which identifies the practitioner who did the service. It identifies who the payee is and to what address payment should be made. The WCB billing number is required.

General Information

- All changes to previously submitted services/procedures should be invoiced on this form only.
- Incomplete or illegible invoices will be returned unpaid to the practitioner.