

WORKER DETAILS

		WCB Claim #
Worker's Surname	First Name and Initial	Date (yyyy/mm/dd)

Is the item a custom brace or orthotic?

Yes
▼

WCB will not be responsible for payment of any customized braces or orthotics supplied by PT Contractor. If you think a client would benefit from a custom brace or orthotic, please contact the WCB Claim Owner so they can coordinate referral to a WCB Authorized Prosthetic & Orthotic Provider.

Is the item on the Approved Sundry Item List and the cumulative sundry costs for this episode are less than \$200?

Yes
▼

Submit invoice online using the codes provided on the Sundry Item List in the PT contract agreement.

If the item is not on the Approved Sundry Item List, is the cost of the unlisted sundry item \$20 or less?

Yes
▼

Submit a C019 invoice using code NCPTS. Bill the item at cost + 15% (up to a total of \$23.00)

For all other requests, proceed with this form

Reason for Sundry Item Request:

- This is an unlisted sundry item greater than \$20
- Sundry items within the Treatment Episode exceed \$200
- Received notice that a previously invoiced sundry item has exceeded max calls, or requires PT Consultant approval.

Item Description (with brand/model #)	Rationale	Clinic Cost per Item	Shipping	Amount
		\$	\$	\$
		\$	\$	\$
Total Amount Billed				\$

Please note:

- Any sundry item approvals by WCB staff other than a PT Consultant does not guarantee payment and does not follow contract guidelines.
- The NCPTS code is not applicable to clinic supplies and non-sundry items such as – acupuncture needles, electrodes, analgesic creams or sprays.
- WCB is GST exempt.

Name and Address to Whom Fee is Payable (print)	Signature	
	Print Name	
	Telephone Number	Fax Number
	Provider Reference Number	Date (yyyy/mm/dd)
WCB Billing Number:		

Fax this request to the PT Consultant Fax Line at 780-498-3226.