

Please print clearly or type.

	WCB Claim Number	Date of Accident (yyyy/mm/dd)
Worker's Surname	First Name	Date of Birth (yyyy/mm/dd)
Address Street	City/Town	Telephone Number

Service Items

Date of Service (yyyy/mm/dd)	Health Service Code	Description	Quantity	Rate per Unit	Fee Submitted
Total Amount Billed					

Sundry Items

Date of Service (yyyy/mm/dd)	Health Service Code	Description	Quantity	Fee Submitted
Total Amount Billed				

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

NOTE: PLEASE SEE REVERSE FOR SERVICE LEGEND

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Service	WCB Health Services Code	WCB Fee	Maximum Units
Assessment	07.38AA	\$ 70.61	
Assessment (virtual)	07.38AV	\$ 70.61	
Initial Treatment (Weeks 0-4 for injuries not listed in Appendix B)	07.38AC	\$47.00	12 sessions
Initial (virtual) Treatment (Weeks 0-4 for injuries not listed in Appendix B)	07.38CV	\$47.00	12 sessions
Treatment	07.38AB	\$ 41.72	
Treatment (virtual)	07.38BV	\$ 41.72	
Extended Duration Treatment Fee	07.38AE	\$ 83.44	7 sessions
Specialized Physiotherapy (flat rates)			
Vestibular Assessment	07.38SA	\$ 150.00	1 session
Vestibular Therapy	07.38SB	\$ 113.00	5 sessions
Hydrotherapy	07.38SC	\$ 113.00	5 sessions
Intra-pelvic floor Therapy	07.38SD	\$ 113.00	5 sessions
Hand Assessment	07.38SG	\$113.00	1 session
Hand Therapy	07.38SH	\$113.00	5 sessions
In-home Physiotherapy	07.38SE	\$ 113.00	10 sessions
Transitional Return to Work Visit	07.38AF	\$ 41.72	2
Transitional Return to Work Visit (virtual)	07.38FV	\$ 41.72	2
Assessment Report	RPT01	\$ 26.52	
Progress, Discharge Report	RPT02	\$ 26.52	
Case Conference Fee (calls to WCB staff)	07.38CC	\$ 27.50	5
Case Conference Fee (calls to external to WCB stakeholders)	07.38CE	\$ 27.50	5
Chart copies requested by WCB	RF04	\$26.52 for first page + \$0.47 per page thereafter	
Summary of chart information, requiring the extraction of relevant information, but not an opinion	RF05	\$93.15 for the first thirty (30) minutes plus \$36.23 for each 15 minute increment	
Summary of chart information, requiring the extraction of relevant information, and including an opinion	RF06	\$113.85 for the first thirty (30) minutes plus \$36.23 for each 15 minute increment	
Non-contracted Sundry Item	NCPTS	PT Consultant Approval required if >\$20.00	
Non-contracted Service	NCS	HCC Approval Required	

Telehealth/Virtual Care Services	WCB Health Services Code	WCB Fee
Assessment (virtual care)	07.38AV	\$ 70.61
Initial Treatment (Weeks 0-4 for soft tissue injuries and non-surgical/fracture protocol).	07.38CV	\$ 47.00
Treatment	07.38BV	\$ 41.72
Transitional Return to Work Visit (virtual care)	07.38FV	\$ 41.72

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