

*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
<b>Total Amount Billed</b>					

**Sundry Items**

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

<b>Name and Address to Whom Fee is Payable</b>  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**

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.

<b>Service</b>	<b>WCB Health Services Code</b>	<b>WCB Fee</b>
Assessment	07.38AA	\$ 70.61
Treatment	07.38AB	\$ 41.72
Extended Duration Treatment Fee	07.38AE	\$ 83.44
Specialized Physiotherapy		
Vestibular Assessment	07.38SA	\$ 150.00
Vestibular Therapy	07.38SB	\$ 113.00
Hydrotherapy	07.38SC	\$ 113.00
Intra-pelvic floor Therapy	07.38SD	\$ 113.00
In-home Physiotherapy	07.38SE	\$ 113.00
Transitional Return to Work Visit	07.38AF	\$ 41.72
Assessment Report	RPT01	\$ 26.52
Progress, Discharge Report	RPT02	\$ 26.52
Case Conference Fee	07.38CC	\$ 27.50
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

<b>Telehealth/Virtual Care Services</b>	<b>WCB Health Services Code</b>	<b>WCB Fee</b>
Assessment (virtual care)	07.38AV	\$ 70.61
Treatment (virtual care)	07.38BV	\$ 41.72
Transitional Return to Work Visit (virtual care)	07.38FV	\$ 41.72

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