wcb Workers' Compensation Board – Alberta

M007B
ACUPUNCTURE SERVICES INVOICE

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993

Please print clearly or type.

		WCB Claim Number	Date of Accident
Surname	First Name and Initial		Date of Birth *(yyyy/mm/dd)*
Address	City/Town	Province	Postal Code
Telephone Number	Part of Body	Type of Injury	

Date of Service *(yyyy/mm/dd)*	**Health Service Code** (*see legend below*)	**Type of Service**	**Fee Submitted**
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
☐ Continued Treatment ☐ Final Treatment		Total Amount Billed	$

This document MUST be accompanied by a Progress or Discharge Report and must have a WCB Claim Number.

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

SERVICE LEGEND

DESCRIPTION	SERVICE CODE	RATE (APR 1, 2019 – DEC 31, 2020)
Acupuncture Assessment	ACU01	$46.93
Acupuncture Treatment	ACU02	$37.80

BILLING RULES

- All invoices must be submitted within six (6) months of date of service.
- Do not invoice report fees; reports fees are paid automatically.

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.
INVOICE MUST BE SUBMITTED WITHIN 6 MONTHS OF SERVICE TO BE ELIGIBLE FOR PAYMENT.