



Claims Contact Centre: 780-498-3999
403-517-6000

Toll Free in Alberta: 1-866-WCB-WCB1
(1-866-922-9221)

Outside Alberta: 1-800-661-9608

Fax: 780-427-5863

Toll Free Fax: 1-800-661-1993

WCB website: www.wcb.ab.ca

This package will provide you with all the information required to obtain authorization, prepare and submit claims, and satisfy any questions you may have.

Authorization of prescriptions and medical supplies

WCB is committed to covering the costs of prescriptions and medical supplies associated with a work-related injury or illness. Authorization for these costs should be received prior to dispensing these items, and can be obtained through the Claims Contact Centre at one of the above telephone numbers.

Please provide the Drug Identification Number (DIN), quantity and prescribing doctor for the medications to which you are requesting authorization.

Completing claim forms

WCB invoice requirements include:

- claimant's name, contact information and claim number
- provider's name and contact information
- drug name, DIN, quantity, date of service, prescribing doctor and billed amount

The C774 Pharmacy Prescription Invoice details these requirements; however, an electronically generated invoice containing the same information is also acceptable. Please do not submit individual prescription receipts or till receipts with your invoices. In an effort to effectively manage our claims, we ask that invoices are submitted within at least one month of the service being provided. Invoices received greater than 1 year from the date of service will not be processed.

The C774 Pharmacy Prescription Invoice is available on the WCB website at www.wcb.ab.ca > "Health Care Providers" > "Forms & Guides" under the Resources heading > "General/Other".

Note: WCB is the primary insurance carrier for all authorized costs; therefore, any claims for prescriptions and medical supplies associated with the work-related injury or illness should be submitted to the WCB prior to any other third party.

Please include the appropriate claim number on all correspondence.

Submitting claim forms

Completed invoices may be submitted either by mail to the address at the top of this letter, or by fax to (780) 427-5863, or toll free to 1-800-661-1993.

Inquiries

Please allow 6-8 weeks to process claims. If, after this time, you have not received payment please fax your invoice to the Medical Aid Department at (780) 498-7852, and indicate that it is a "Re-submission".

GST/HST exempt

The Federal Government has exempted the WCB from Goods and Service Tax (GST) and Harmonized Sales Tax (HST) on the purchases of goods and services. Our GST/HST exemption number is R#124072513. Please do not include these costs on your invoice.

Freedom of Information and Protection of Privacy Act (FOIP)

WCB is subject to the FOIP Act. In keeping with the best practices for the protection of personal information in its custody and under its control, WCB has adopted the practice of one claim number and one client per invoice. As a result, WCB is not able to accept billings that do not follow these guidelines.

Please be advised that any address and contact information you provide for billing and communication purposes may be disclosed to third parties, including the claimant and employer.

Please direct any further questions to the Claims Contact Centre at one of the main numbers listed above. We look forward to working with you in our commitment to a safe, healthy and strong Alberta.

PHARMACY PRESCRIPTION INVOICE

Box 2415, Edmonton
Alberta T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

Please print clearly or type

			WCB Claim Number
			Provider's Invoice Number
Worker's (Surname)	(First Name)	(Initial)	Personal Health Number
Address (Street)			Date of Birth (YYYY/MM/DD)
(City/Town)	(Province)	Postal Code	Date of Accident (YYYY/MM/DD)

Date Dispensed (Year/Month/Day)	Quantity	DIN Number	Description of Drug	Prescribing Dr.	Amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Total amount Billed: \$ _____

Note: Injured workers should not be provided a receipt for prescriptions directly billed to the WCB

Provider's Signature:	Date Submitted (YYYY/MM/DD)
Name and address of Pharmacy to whom fee is payable (please print):	
Fax Number:	Telephone Number

This form must have a WCB Claim Number