

Please print clearly or type.

WCB Claim Number		Personal Health Number		Date of Accident (yyyy/mm/dd)	
Worker's Surname		First Name		Initial	
Address Street		City/Town		Province Postal Code	
				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

Physical Therapy Services Invoice

SERVICE LEGEND

Health Service Code	Service	Fee (Effective February 1, 2017)
RF04	Chart Copies requested by the WCB	\$26.52 for the first page plus \$0.47 per page thereafter
RF05	Summary of chart information, requiring the extraction of relevant information but not an opinion	\$93.15 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment
RF06	Summary of chart information, requiring the extraction of relevant information and including an opinion	\$113.85 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment
NCPTS	Miscellaneous PT sundry item(s) not listed in the current contract	<p>Miscellaneous sundry item code that can be used without prior approval, for any items up to a \$20.00 value</p> <p>This code may be used for any individual item less than \$20.00 and is not capped at \$20.00 per case</p> <p>The Contractor shall bill the actual direct cost of the item and shall retain the original receipt on file and shall be submitted upon request.</p> <p>The Contractor shall include a description of the item when invoicing and shall bill using the C019 PT paper invoice</p>
NCS	Non-contracted service	<p>For non-listed sundry items greater than \$20.00. Requires prior PT Consultant approval</p> <p>For non-contracted service(s), requires prior WCB Health Care Consultant approval</p>

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