Saskatchewan Workers' Compensation Board

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Click on any field to start editing.

EMT

Reset Form

Medical appointment allowance

Section A: Worker information - to be completed and signed by the employer

Name: _____ WCB claim number: _____

Section B: Medical appointment information

Date: _____ (MM/DD/YYYY) Medical type: * _____ Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Medical type: * _____ Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Medical type: * _____ Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Medical type: * _____ Number of hours missed: _____

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Date: _____ (MM/DD/YYYY) Medical type: * _____ Number of hours missed: _____

* Type of medical: specialist, general practitioner, chiropractor, physiotherapist, massage, diagnostics/tests, other - please specify:

_____

Section C: Wage information

Rate of pay: $ _____ per hour.

If no hourly rate, please provide the amount of earnings that would have been paid for the time missed in relation to each appointment noted above:

_____

Payment should be make to: ☐ Worker ☐ Employer

Section D: Employer declaration

I, as the employer, declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation payments by fraudulent means and/or (2) prevent collection of compensation benefits.

Date: _____ (MM/DD/YYYY) Name: _____ Signature: Please print and sign form before mailing/faxing. Phone: _____

When writing to the WCB, please print name and claim or firm number.