Saskatchewan Workers' Compensation Board
200 - 1881 Scarth Street
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www.wcbsask.com

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Toll free: 1.800.667.7590
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Toll free fax: 1.888.844.7773

MISC

Click on any field to start editing.

Reset Form

Reference or invoice: _____

WCB claim number: _____

Name of clinic: _____ **Provincial Health Number:** _____

Clinic number: _____ **Billing number:** _____ **Date of birth:** _____ MM/DD/YYYY

Phone: _____ **Fax:** _____

Care provider's name, address, postal code

Worker's name, address, postal code

Date of injury: _____ MM/DD/YYYY

Part of body: _____

Treatment date MM/DD/YYYY	Description	Fee Code	Units	Explanatory Code	Cost
				Total	

Comments: _____

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

MISSION: ZERO