

Sent Date	dd	mm	yyyy
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Claim Number

Please print in black ink

Last Name		First Name		FAX No. ()	
Name of Facility (if applicable)					
Address		City/Town	Province	Postal Code	Telephone No. ()

Patient Information

Last Name		First Name		Date of birth dd mm yyyy	
Area(s) of Injury				Date of accident dd mm yyyy	

Health Information Requested

To help adjudicate and case manage your patient's claim please provide the following information:

	From	To
	dd mm yyyy	dd mm yyyy
1. <input type="checkbox"/> Subjective and objective clinical findings.		
2. <input type="checkbox"/> Diagnostics test and their reports (e.g. X-ray, MRI).		
3. <input type="checkbox"/> Specialist report (include operative reports).		
4. <input type="checkbox"/> Treatment and outcomes.		
5. <input type="checkbox"/> Proposed treatment and prognosis.		
6. <input type="checkbox"/> Detailed functional precautions for timely return to work, for this work related injury.		
7. <input type="checkbox"/> History and treatment of related preexisting conditions, along with most recent visit prior to date of accident.		
8. <input type="checkbox"/> Range of motion for:		
9. <input type="checkbox"/> Current medications and prescribed dosage.		
10. <input type="checkbox"/> Other:		

Comments

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Requestor Information

Last Name		First Name		Telephone No. ()	
Title					

Provider Billing Information

C for Chiropractor M for physician ▶		Service Code	Prefix ▶	649
It is an offense to knowingly make a false statement or representation to the WSIB. I hereby declare that the information being submitted is true and complete.		WSIB Provider ID (Enter all 9 digits)		
Provider Signature		Service Date	Your Invoice No.	
		dd mm yyyy	HST Registration No.	
			HST Amount Billed	

Confidentiality Note/Legislative Authority:

The information contained in this facsimile message is privileged and confidential, and may contain personal information that may be subject to the privacy provision of the Freedom of Information and Protection of Privacy Act. This information should not be distributed, copied, or disclosed to any unauthorized persons and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you have received this communication in error, or if any problems occur with transmission, please notify the sender immediately by telephone.

Section 37 of the Workplace Safety and Insurance Act states; "Every health care practitioner who provides health care to a worker claiming benefits under the insurance plan or who is consulted with respect to his or her health care shall promptly give the Board such information relating to the worker as the Board may require."

The Personal Health Information Protection Act, 2004, Section 43(1)(h) permits a health information custodian to disclose health information without consent as permitted or required by law including section 37 of the Workplace Safety and Insurance Act.