

Prompt payment for Health Professionals and Service Providers

Our goal is to process your payment request quickly and accurately. In order to avoid processing delays, **complete all fields** of either the Provider Payment Request form or the Provider Payment Request for Equipment/Supplies form and **print legibly**.

Incomplete or illegible payment requests will result in processing delays.

Help on completing the forms

For help on completing the Provider Payment Request form or the Provider Payment Request for Equipment/Supplies form, refer to the instruction sheets that are attached to these forms.

Important: **Do not** use the Provider Payment Request form to bill for clinical reports.

To bill for medical reports, please complete the billing section on the pre-printed WSIB report form, or place a payment label on the front page, bottom right hand corner of a narrative report.

Questions

If you have any questions about how to complete these forms, bill for services, equipment, or supplies, or if you require payment labels, please call our Health Professional Access Line at **416-344-4526** or **1-800-569-7919** between 8:30 a.m. and 4:30 p.m. Monday to Friday.

Electronic Billing

If you are interested in electronic billing (excluding medical reports), contact our external payment provider, **Emergis Inc.**, at **1-866-240-7492**.



Go To
Form

Provider Payment Request Form

Important: Do not use the Provider Payment Request Form to bill for clinical reports.

INSTRUCTIONS

For prompt payment, complete as per the instructions given below.

WORKER INFORMATION

1. *Claim Number:* Enter worker's WSIB claim number. This is required to process the payment.
2. *Name:* Print Surname, Given Name(s) and Middle Initial.
3. *Worker's Impairment and/or ICD 9 Code:* Enter diagnosis or ICD 9 code for which treatment is being provided, if available.
4. *Date of Incident:* Enter reported date of incident.
5. *Address:* Enter current mailing address.
6. *Date of Birth:* Enter birth date.
7. *WSIB Reference No.:* Please do not complete. For WSIB use only.

PROVIDER INFORMATION

8. *Provider/Facility Name and Full Address:* Enter the name and full address of the provider/facility submitting the bill.
9. *WSIB Provider ID:* Enter the 9 digit WSIB assigned billing number. This is required for payment.
10. *HST Registration No:* Enter your HST registration number, if HST is being billed (using service code **ONHST**).
11. *Your Own Invoice No.:* Enter your own invoice number. (Your reference number for reconciliation purposes.)
12. *Treating Provider's Name:* Enter the name of the individual providing the service/treatment.
13. *Telephone Number:* Provide the telephone number of the individual completing the payment request form.

SERVICE/TREATMENT INFORMATION

14. *Service Code:* Enter appropriate service code. Refer to the WSIB Fee Schedule.
15. *Description of Service/Treatment:* Provide a brief description of service/treatment provided.
16. *Fee per Service:* Enter fee per service/treatment from the appropriate WSIB Fee Schedule.
17. *No. of Serv./Trt.:* Enter the number of services/treatments that you are billing.
18. *Amount Billed:* Enter the total amount for the one service code.
19. *Service Date:* Enter month and year. Select date(s) of service by (✓). Use a separate line for each month/service code.
20. *Total Billed:* Enter the total sum of all fees billed.
21. *Name:* Enter the name of the individual completing the form.
22. *Signature & Date:* Signature of individual completing the payment request form and date when completed.

For electronic billing, contact the TELUS Inc., Support Centre at 1-866-240-7492 or via e-mail at provider.registry@telus.com.