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C568 MEDICAL INVOICE

WCB Claim Number:
Personal Health Number:

Worker's: Last Name	First Name	Initial	Date of Birth: (Year / Month / Day)
Mailing Address: Street			Province
(Postal Code)	Telephone Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Accident: (Year / Month / Day)
Part of body:	Side of Body:	Nature of Injury:	
Name of Referring Physician:			Date of Referral: (Year / Month / Day)

Date of Service (Year / Month / Day)	Health Service Code	Diagnostic Code	Modifier	Skill Code	Calls	Encounter	Fees Submitted
							\$
							\$
							\$
							\$
Total Amount Billed:							\$

Billing Number:	Contract ID:	Facility Type:
Name and address to whom fee is payable: (please print)	Signature:	Printed Name:
	Telephone Number	Fax Number
	Provider's Reference Number:	Date: (Year / Month / Day)

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

Medical Care Invoice Instruction

This guide provides some instructions and relevant information for various fields on the Medical Care Invoice.

For a more detailed explanation or to discuss billing procedures, please contact the WCB Claims Contact Centre at 780-498-3999.

- The WCB claim number is required. This can be obtained by calling the WCB Claims Contact Centre at the above number.
- All information regarding the patient must be completed.
- **Date of Service** - This date refers to the actual date the service was provided.
- **Health Service Code** - These codes are based on the Alberta Health and Wellness Schedule of Medical Benefits or codes created by the WCB and relate to the service/procedure that was performed. Codes used by orthopaedic surgeons are outlined in the W.C.B./Orthopaedic Surgeon - Fee Schedule.
- **Diagnostic Code** - Diagnostic codes are based on ICD-9 codes and refer to the diagnosis for which the patient is being treated. One diagnostic code must be entered per service/procedure. However, in some cases there could be two to three diagnostic codes per service/procedure. If a diagnosis is not known at this time, please provide a provisional diagnosis.
- **Modifier** - This is used for explicit fee modifiers required to identify the nature of the service for payment purposes. Some values include:
UGA - Procedure under general anaesthetic,
EV - Evening
- **Location** - This is the location where the service/procedure was performed. Values include:
Clinic, Facility Non Hospital, Hospital, or Other.
- **Calls** - Calls is used to indicate either the number of consecutive hospital visit days, the number of services performed, or the number of units (e.g. 15 minute time blocks) required.
- **Encounter** - Encounter indicates if the service was performed during the first, second, third, etc. time the practitioner saw the patient on the same day.
- **Amount** - Refers to the fee billed for the service/procedure provided.
- **Total Amount Billed** - This refers to the sum of the fees billed for the service/procedure provided.
- **Type of Report submitted with this invoice** - In most cases, a Medical or Consultation report should be sent along with the invoice. Please check the appropriate box indicating what type of report was submitted with the invoice.
- **Name and address to whom fee is payable** - This field identifies the name and address of the practitioner to whom the amount is payable.
- **Telephone Number** - This is the phone number where the practitioner can be reached.
- **WCB Billing Number** - The WCB billing number is a unique number which identifies the practitioner who provided the service. It identifies who the payee is and to what address payment should be made. The WCB billing number is required.
- **Contract ID** - The Contract ID is attached to your billing number and will automatically be populated within the system at WCB. If applicable, Health Care Services will notify you of your Contract ID.
- **Skill Code** - Skill Code is the practitioner's skill code for the service provided. Examples of skill codes include:
GP - General Practice, ORTH - Orthopaedic, PLAS - Plastic Surgery.

General Information

- All services/procedures should be invoiced on this form only.
- Each service/procedure must be listed on a separate line.
- Incomplete or illegible invoices will be returned unpaid to the practitioner.
- If a Medical Care Invoice (C568) has been submitted with an error the practitioner is required to submit a Medical Service Re- Assessment (C570) form.
- If the WCB is not responsible for payment for the service/procedure, please bill Alberta Health (AH). If the date of service is greater than 180 days, please provide text lines to Alberta Health and Wellness to indicate that the original submission had been to WCB.