

Please FAX this form to:
Winnipeg: 204-954-4999 Toll free: 1-877-872-3804
 333 Broadway • Winnipeg R3C 4W3
 Telephone 204-954-4922 • Toll free 1-855-954-4321

Claim No:
Reference/Invoice No:
Date of Invoice:

All fields with an * are required for payment to be processed. Failure to provide this information may result in processing delays.
Incomplete invoices WILL be returned for resubmission

Please visit our website at www.wcb.mb.ca to see our Service Provider Fee Schedule

Worker Information

Last Name		First Name		Address		
City	Province	Postal Code	Telephone No. ()	Date of Birth (dd/mm/yy)	PHIN	

Vendor Information

Vendor Name:				WCB Account No:		
Mailing address						
City	Province	Postal Code	Telephone No. ()	Fax No: ()		

Date of service* (dd/mm/yr)	Type of Service*	Service details* (make, model & serial #)	Ear(s)* L or R	Number of units or cells*	Cost per unit or cell*	Line item total (not including taxes)*
	Fitting/Dispensing					
	Bi-Cros/Cros Fitting Fee					
	Full Audiological Assessment					
	Audiological Assessment					
	Service Fee (see fee schedule)					
	Ear Molds (max 1 per ear every 2 years)					
	Domes/Sleeves					
	Batteries (max 60 per aid per year)					
	Miscellaneous Expense (provide details)					
All repairs MUST be PRE-APPROVED and a SERVICE/WORK order MUST BE SUBMITTED						
	Repair Fee (not to be combined with service fee)					

TOTAL AMOUNT SUBMITTED: \$ _____

****Service fees are only applicable one (1) year from the date of initial fitting/dispensing. The maximum number of visits authorized for ongoing support and maintenance of hearing aid devices is two (2) visits per hearing aid per year****

Accessories are NOT covered by the WCB.
 The WCB is GST exempt. Registration number is 107863847RT10013