Prompt payment for Health Professionals and Providers

Our goal is to process your payment requests 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 **write legibly**.

Incomplete or illegible payment requests will create 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 medical 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, **BCE Emergis** at **1-866-240-7492**.

Mail To::
200 Front Street West
Toronto ON M5V 3J1

OR Fax To:
416-344-4684
OR 1-888-313-7373

Provider Payment Request for Equipment/Supplies

Please complete in full using black ink.

Worker Information:

Claim No.:	Worker's Surname:	Given Name(s):	Middle Init.	WSIB Reference No.
Date of Accident: m m d d y y	Address:			
Date of Birth: m m d d y y	City:	Province:	Postal Code:	

Provider Information:

WSIB Provider ID	Provider/Facility Name:	
HST Registration Number:	Address :	Postal Code:
Your Own Invoice No.:	Provider Name (please print:)	Telephone No.:

Equipment/Supplies Information:

Example:

Service Date (m m d d y y)	Service Code	Description of Service	No. of Units	Amount Billed
0 2 1 9 0 1	X 0 0 0	**Wrist Brace**	**1**	**200 00**

Make:	Model No.:	Serial No.:	Pre-authorization No.:
Zenith	**9999-0000-88888**	**XZ000099999999**	**0000**

Please use a separate line for each service code:

#	Service Date (m m d d y y)	Service Code	Description of Service	No. of Units	Amount Billed
1.					
	Make:	Model No.:	Serial No.:	Pre-authorization No.:	
2.					
	Make:	Model No.:	Serial No.:	Pre-authorization No.:	
3.					
	Make:	Model No.:	Serial No.:	Pre-authorization No.:	
4.					
	Make:	Model No.:	Serial No.:	Pre-authorization No.:	
5.					
	Make:	Model No.:	Serial No.:	Pre-authorization No.:	

Total Billed
(1 + 2 + 3 + 4 + 5 = Total)

It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I hereby certify that the information being submitted is true, correct and complete.

Name (please print):	Signature:	Date: m m d d y y

For further information and/or inquiries, please see our website **www.wsib.on.ca** or call **1-800-387-0750.**

See instructions on reverse.

Provider Payment Request for Equipment/Supplies

INSTRUCTIONS

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

WORKER INFORMATION

1. *Claim Number*: Enter WSIB claim number. This is necessary to process the payment.
2 *Name*: Print Surname, Given Name(s) and Middle Initial.
3. *Date of Accident*: Enter reported date of accident.
4. *Address*: Enter current mailing address.
5. *Date of Birth*: Enter birth date
6. *WSIB Reference No.*: Please do not complete. For WSIB use only.

PROVIDER INFORMATION

7. *WSIB Provider ID*: Enter WSIB assigned billing number. This is required for payment.
8. *Provider/Facility Name*: Enter the name of provider/facility submitting the bill.
9. *Address*: Enter the provider/facility address.
10. *HST Registratiom No.:* Enter your HST registration number if HST is being billed (using service code **ONHST**).
11. *Your Own Invoice No.:* Enter your invoice number. (Your reference no. for reconciliation purposes.)
12. *Provider Name*: Enter the name of the individual providing the service.4
13. *Telephone Number*: Provide the telephone number of the individual completing the payment request form.

EQUIPMENT/SUPPLIES INFORMATION

14. *Service Date*: Date equipment/supplies provided.
15. *Service Code*: Enter service code if it was provided to you by WSIB.
16. *Description of Service*: Provide a brief description of equipment/supplies provided.
17. *No. of Units*: Number of Units provided.
18. *Amount Billed*: Enter the total amount for the one service code.
19. *Make, Model No., Serial N*o.: Complete where applicable.
20. *WSIB Pre-authorization No*.: Enter Pre-authorization number issued by WSIB.
21. *Total Billed*: Enter the total sum of fees billed.
22. *Name*: Enter the name of the individual completing the form.
23. *Signature & Date*: Signature of individual completing the form and date when completed.

For information on electronic billing, please contact Telus at 1-866-240-7492, via e-mail at provider.mgmt@telus.com or visit their website at telushealth.com.