WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
Toll free 1-855-954-4321
333 Broadway, Winnipeg R3C 4W3

Chiropractor Billing

Claim Number

Invoice/Reference Number

Worker Information

Last Name	First Name		Address		
City	Province	Postal Code	Phone Number	Date of Birth (dd/mm/yyyy)	PHIN

Employer Information

Name and Address

Treatment (Please type all dates as dd/mm/yyyy.)

Date of Injury	Date of Initial Treatment	Month of treatment

X-Ray Taken? ☐ Yes ☐ No	Area X-Rayed

Specify treatment dates below.

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15
☐16 ☐17 ☐18 ☐19 ☐20 ☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31

Area of injury (specify right or left if applicable)?	Treatment Date	Tariff Code or Description	Fees

Chiropractor Information

Chiropractor Name	Phone Number	Fax Number

Chiropractor Address	WCB Account Number

Signature

WCB 2017

Fax this form - in Winnipeg: 204-954-4999 | toll free: 1-877-872-3804