Workers' Compensation Board
Alberta

C570
MEDICAL SERVICE RE-ASSESSMENT

Box 2415, Edmonton
Alberta T5J 2S5
Fax (780) 427-5863
1-800-661-1993

Claim Number

Personal Health Number

Worker's Name:(*Surname*) (*First Name*) (*Initial*)

Date of Birth (*Year / Month / Day*)

Address *Street* *City/Town* *Province*

Postal Code | Telephone Number ( ) | Date of Accident (*Year / Month / Day*) | Contract ID:

	Date of Service (YY/MM/DD)	Health Service Code	Skill Code	Modifier	Location	Calls	Encounter	Amount
Was								$.
Should be								$.
Was								$.
Should be								$.

Additional Comments

Name and Address to whom fee is payable: (please print)

WCB Billing Number.

Provider's Signature:

Provider's Name:

Date (*Year / Month / Day*) | Telephone Number ( )

This form must have a WCB Claim Number

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

Medical Service Re-Assessment Instruction Sheet

This guide provides some instructions and relevant information for various fields on the Medical Service Re-Assessment. For a more detailed explanation or to discuss billing procedures, please contact the Medical Aid unit at 498-4278.
The Medical Service Re-Assessment should be used when changing or canceling information previously sent to the WCB. Examples of when you may need to use this form include: original bill/invoice had the wrong Health Service Code or a modifier was missed on the original bill/invoice.

- Always record information on both lines: a) WAS - enter information which **was** previously sent to the WCB
  b) SHOULD BE - enter information which **should have been** sent to the WCB (e.g. the correct information)
- The WCB claim number is required.
- All information regarding the patient must be completed. The only exception to this is the patient's Social Insurance Number which is only required when the patient's Personal Health Number (PHN) is unavailable.
- Date of Service - This date refers to the actual date the service was provided.
- Health Service Code - These codes are based on the Canadian Clinic Procedure Codes or codes created by the WCB and relate to the service/procedure that was performed.
- Skill Code - Skill Code is the practitioner's skill code for the service provided e.g. GP - General Practice, ORTH - Orthopeadic, PLAS - Plastic Surgery
- Modifier - This is the explicit fee modifier required to identify the nature of the service for payment purposes e.g. CMPD - Compound Fracture, UGA - Procedure under general anesthetic.
- Location - This is the location where the service/procedure was performed e.g. OFF - Office, HSP - Hospital, OTH - 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 minutes 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 - Amount refers to the amount billed for the service/procedure provided.
- Name and address of practitioner 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 did 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 eadic, PLAS - Plastic Surgery a unique identifier with the WCB which identifies what contract you have signed with the WCB. If applicable, Health Care Services will notify you of your contract ID.

General Information

- All changes to previously submitted services/procedures should be invoiced on this form only.
- Incomplete or illegible invoices will be returned unpaid to the practitioner.
- If the WCB is not responsible for the payment for the service/procedure, please bill Alberta Health. If the date of service is greater than 180 days, please provide text lines to indicate that the original submission had been to WCB.