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Winnipeg: 954-4999 Toll free: 1-877-872-3804
 333 Broadway • Winnipeg R3C 4W3
 Telephone 954-4922 • Toll free 1-800-362-3340

CHIROPRACTOR BILLING

Claim No:

Dr./Clinic Ref No:

Worker Information

Last Name		First Name		Address	
City	Province	Postal Code	Telephone No. ()	Date of Birth DD / MM / YYYY	PHIN - - - - -

Employer Information

Employer Name & Address

Treatment

Date of Injury DD / MM / YYYY	Date of Initial Treatment DD / MM / YYYY	Month of treatment	Specify treatment date(s) below <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td> <td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> </table>	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
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X-Ray Taken? <input type="checkbox"/> yes <input type="checkbox"/> no		Area X-Rayed		Fees	Other Charges if any (explain)																													
Explain diagnosis & treatment (specify right or left area of injury, if applicable)																																		

Chiropractor Information

Chiropractor Name		MB Health Billing No.
Address/Clinic		Chiropractor Signature

Claim No:

Dr./Clinic Ref No:

Worker Information

Last Name		First Name		Address	
City	Province	Postal Code	Telephone No. ()	Date of Birth DD / MM / YYYY	PHIN - - - - -

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Chiropractor Name		MB Health Billing No.
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WCB 2003

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