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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

GENERAL 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

Name & Address

Treatment

Treatment Date	Tariff No.	Fee	Date of Injury	ICD Code
DD / MM / YYYY			DD / MM / YYYY	Explain diagnosis & treatment (specify right or left area, if applicable)
DD / MM / YYYY			Anaes. Time (hrs. & min.)	
DD / MM / YYYY				
DD / MM / YYYY				
DD / MM / YYYY				

In-Patient Hospital Care

Physician Information

	Tariff No.	Fee
Admit. Date DD / MM / YYYY		
First Day This Claim DD / MM / YYYY		
Last Day This Claim DD / MM / YYYY		
Discharge Date DD / MM / YYYY		

Physician Name	MB Health Billing No.
Physician 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

Employer Information

Name & Address

Treatment

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Physician Name	MB Health Billing No.
Physician Signature	