WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
Toll free 1-855-954-4321
333 Broadway, Winnipeg R3C 4W3
www.wcb.mb.ca

General Billing
INVOICE

Fax this form:
Winnipeg: 204-954-4999
Toll free: 1-877-872-3804

Invoice Date (dd/mm/yyyy)

Invoice #

Service Provider Information

WCB Account Number	Phone	Fax
Account Name	Address (Street/City/Province/Postal Code)	

Patient Information

Claim Number	Date of Birth (dd/mm/yyyy)
Name (First and Last name)	PHIN
Address (Street/City/Province/Postal Code)	Date of Incident (dd/mm/yyyy)
Phone	Area of Injury (specify right or left if applicable)

Employer Information (if known)

Name (First and Last name)	Phone
Address (Street/City/Province/Postal Code)	

Treatment

Service or Treatment Date (dd/mm/yyyy)	Tariff/ Service Code	Description	Quantity (i.e units, days, anes; hrs/mins)	Amount
		WCB is GST/HST exempt. Registration number is 107863847RT0013	**Total Amount:**	

Treating Healthcare Provider Name (First and Last name):	
Submitted Date (dd/mm/yyyy):	Treating Healthcare Provider Registration Number:

Submission Acknowledgment

I, _____, hereby certify that to the best of my knowledge the content of this form is true, accurate, complete, not false or fraudulent, and is being submitted for payment of goods and/or services provided by myself or the treating healthcare provider.