

EHEALTH SERVICES USER GUIDE

VERSION 3

November 19, 2025

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Introduction to the eHealth Portal

The eHealth Services for Physiotherapists Portal (eHealth Portal or Portal) is a web-based application that is used by physiotherapists and athletic therapists to submit reports and invoices to the WCB.

Providers that sign up for the eHealth Portal will be required to meet the following criteria:

- Operate a therapy clinic, private physiotherapy or athletic therapy practice.
- Have an active WCB provider account.
- Offer services provided by therapists who are registered and in good standing with their appropriate registering body (i.e., College of Physiotherapists of Manitoba or Manitoba Athletic Therapists Association).

Benefits of using the eHealth Portal

Some of the benefits to providers that use the eHealth Portal are:

- faster payment processing
- automatic billing when reports are submitted
- access to more accurate and timely payment information

How to log into the eHealth Portal

The eHealth Portal is available 24 hours a day, seven days a week. Registered users can log into [the eHealth Portal here](#).

1. Enter the User ID provided by the WCB.
2. Use the temporary password in your *Welcome to WCB Online Services* email.

The first time you log in, you will be required to:

- change your password
- select and provide answers with hints to three security questions
- accept the WCB Terms and Conditions regarding the use of online services with the WCB

Use [Forgot Your Password](#) to reset your password.

Use [Forgot your User ID](#) to receive information about your User ID.

Password criteria

Your password must:

- be between 10 and 16 characters in length
- be different from the previous four passwords you have used for WCB online services
- contain a combination of at least two alphabetic, numeric, or special characters (i.e., 12345a, pswd#r, etc.)
- be a mixed case (i.e., A and a)

Your password cannot:

- be equal to patterns consisting of six keys in a row on the keyboard (i.e., qwerty, asdfgh, etc.) or their capitalizations or shift representations
- contain more than three identical consecutive characters in any position from the previous password
- contain more than two consecutive identical characters
- contain spaces

Security of private information

The eHealth Portal contains confidential personal and medical information protected by The Personal Health Information Act (PHIA) and The Freedom of Information and Protection of Privacy Act (FIPPA). The WCB protects this information through its web Security Policy.

Only authorized registered users for your organization will be able to view information created by your organization.

**The WCB takes the protection of personal and private information seriously.
eHealth Portal usage will be monitored to ensure it is appropriate.**

System requirements

Although you may be able to access the eHealth Portal through any Internet connection, we have verified it works best with the following:

- a Windows PC
- Microsoft Edge or Google Chrome are preferred browsers
- browser cookies are enabled
 - **Note: the Portal only uses session cookies.** No application information will be stored on your hard drive without consent.
- autofill features are turned off in your browser settings

While there is no minimum Internet connection speed required, faster connection speeds will provide better performance.

User capabilities

To register for the eHealth Portal, each clinic must assign the role of Administrator to someone with the authority to determine user access for your clinic (e.g., Owner or Office Manager). Only Administrators can request that the WCB add, change or remove user access or capabilities.

The Administrator will determine which capability each user will be assigned based on their job function within the organization. The capability allows or restricts their access to specific Portal functions.

The table below describes each capability and the associated functions that can be performed.

| Portal capability | Description |
|-------------------------------------|--|
| Accounting and/or Invoicing | <ul style="list-style-type: none"> Submit invoices for visits and sundry items. Report overbilled items (overpayments). View the clinic's current and past invoiced items and details of their payment status. Cannot view, create or submit reports. |
| Maintain Patient Reports | <ul style="list-style-type: none"> Create, complete and view (not submit) patient reports and consultation requests. View claim-level recorded visits and sundry submissions. Cannot view most invoice details. |
| Maintain and Submit Patient Reports | <ul style="list-style-type: none"> Same access as Maintain Patient Reports, plus submitting completed patient reports. Note: Treating therapists should submit their own reports. |
| Clinic owner and/or manager | <ul style="list-style-type: none"> Full access to all eHealth Portal views and functions. |

eHealth Portal features

The following items can be created and submitted via the eHealth Portal, **provided that a claim has already been reported.**

- Initial and Progress/Discharge Reports¹
- Invoices for Visits/Treatments²
- Invoices for Acupuncture Treatments
- Requests for Additional Treatments or Multi-Site Visits
- Requests for Consultation with a WCB Physiotherapy Consultant
- Reports of Overpayments (invoice errors)
- Invoices for Narrative Reports, Phone Consultations and Sundry Items

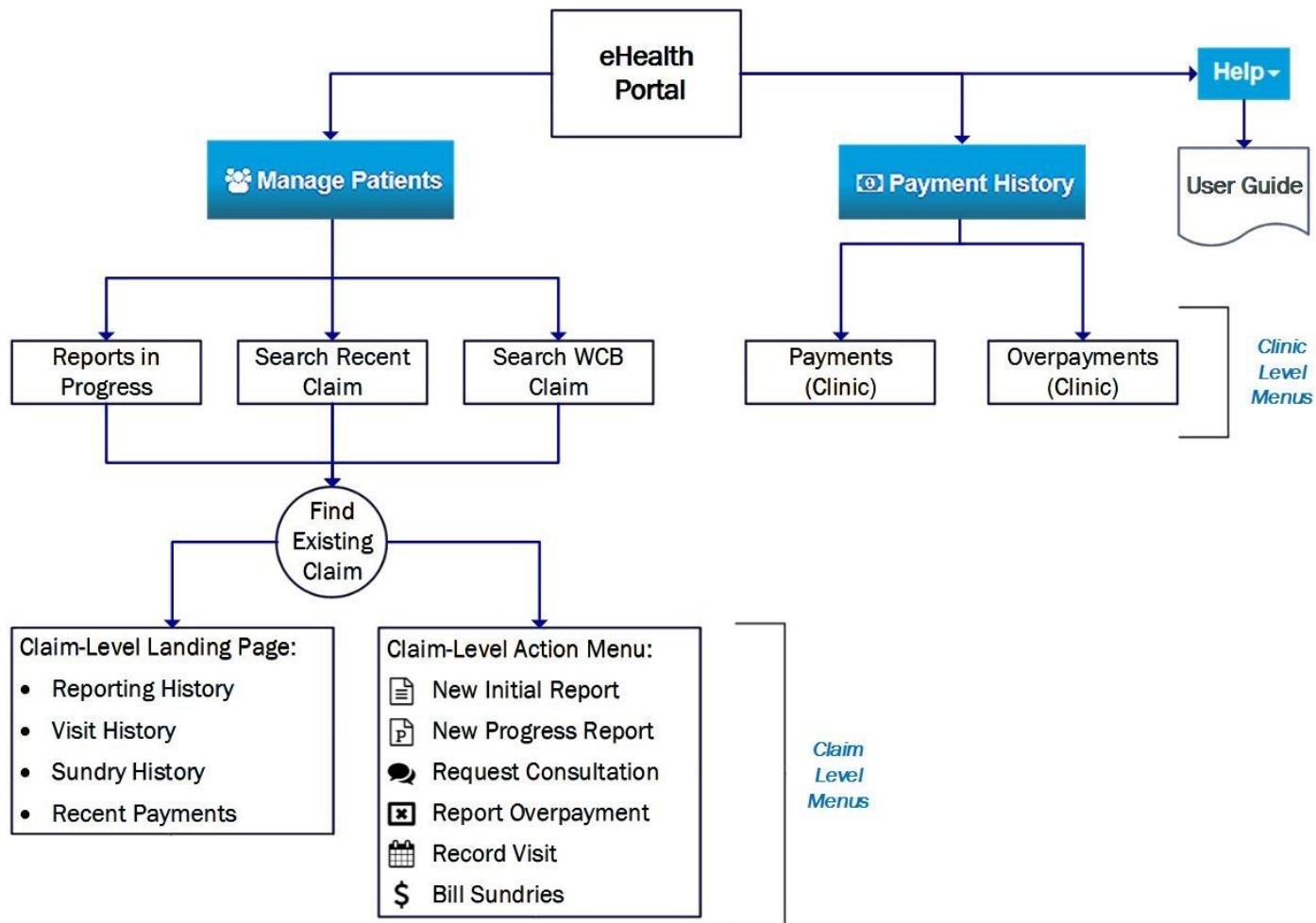
The Portal also displays current and historical account payment information to those with appropriate access.

¹ Narrative Reports cannot be submitted via the eHealth Portal at this time.

² Visits with a Northern Differential Fee cannot be submitted via the eHealth Portal at this time.

eHealth Portal navigation map

This navigation map provides an overview of the Portal's menus and functions. Your access to these menus and functions will depend on the capabilities assigned to you at the time of registration.



Submitting reports and invoices

To submit reports and invoices, you must first find the worker's claim using the Search Recent Claim or Search WCB Claim feature. Click on the hyperlink which will take you to that claim's landing page.

Depending on your assigned capabilities, you may be presented with some or all of the following menu options:

-  New Initial Report
-  New Progress Report
-  Request Consultation
-  Report Overpayment
-  Record Visit
-  Bill Sundries

The eHealth Portal takes into consideration most scenarios and automatically creates invoices based on your submissions:

| A Portal submission for a/an ... | Creates invoices for ... |
|---|---|
| Initial Report | <ul style="list-style-type: none"> • Initial Report fee • Initial Visit • Acupuncture Tray fee (if applicable) |
| Progress/Discharge Report | <ul style="list-style-type: none"> • Progress/Discharge Report fee |
| Progress Report with Request for Additional Treatment | <ul style="list-style-type: none"> • Request for Additional Treatment Report fee |
| Subsequent Visit | <ul style="list-style-type: none"> • Follow Up visit |
| Subsequent Visit with Acupuncture | <ul style="list-style-type: none"> • Follow Up visit • Acupuncture Tray fee |
| Multi-Site Visit | <ul style="list-style-type: none"> • Follow Up visit • Multi-Site Treatment fee |
| Multi-Site Visit with Acupuncture | <ul style="list-style-type: none"> • Follow Up visit • Multi-Site Treatment fee • Acupuncture Tray fee |
| No Show or Cancellation | <ul style="list-style-type: none"> • Not applicable |
| Sundry Items | <ul style="list-style-type: none"> • Each sundry item |

Request workers to report a WCB claim

The eHealth Portal will only allow you to submit reports and invoices on reported claims. It is suggested that you ask the worker to have their WCB claim number prior to their appointment. Once the claim is started, submissions through the Portal can begin.

If a worker needs to report an injury, advise them to call the WCB at 204-954-4321, or toll-free at 1-855-954-4321. They can report an injury Monday to Friday, 8 a.m. to 7 p.m. For additional information on reporting an injury, visit our website, wcb.mb.ca.

Require assistance?

For **eHealth Portal-related questions and technical support**, contact the WCB Service Desk, Monday to Friday, 8 a.m. to 7 p.m.

- Email: ServiceDesk@wcb.mb.ca
- Phone: 204-954-4321 ext. 4573
- Toll-free: 1-855-954-4321 ext. 4573

For any **claim-related questions**, contact the assigned WCB representative. Their current contact information is displayed on the eHealth Portal. You can also call the Claims Service Centre, Monday to Friday, 8 a.m. to 7 p.m.

- Phone: 204-954-4321
- Toll-free: 1-855-954-4321

Sample WCB representative contact info:

| | |
|--------------------|----------------|
| WCB Claim Contact: | Chris Test |
| WCB Contact Phone: | (204) 954-4321 |
| Toll Free Phone: | 1-855-954-4321 |

eHealth Portal best practices

Managing access

Follow these suggested business practices to maintain security within your organization:

- The designated Administrator(s) for your clinic are responsible for registering and maintaining eHealth Portal access for all users in relation to your WCB Provider Account. Therefore, assign the role of Administrator to someone with the authority to approve and oversee access for your clinic (i.e., Owner or Office Manager).
- To register for the eHealth Portal, the Administrator will complete the [eHealth Services Registration Form](#) and email it to ServiceDesk@wcb.mb.ca.
- Once registered, verify that all of the users for your clinic received their login information, can successfully login to the eHealth Portal and their capabilities are correct.
- Ensure the Administrator is diligent about requesting user access changes, as required. To authorize access for new users or modify/remove access for existing eHealth users, complete the [eHealth Services Update User Access Form](#) and email it to ServiceDesk@wcb.mb.ca.
- **It's important to have user access removed when an employee or therapist leaves a clinic.**
- Do not permit or endorse sharing User IDs between staff. The user who is signed in at the time of a submission is ultimately responsible for the contents of that submission.
 - **Users should not share their login information with others, even those working at the same clinic.**

Transitioning from paper to the eHealth Portal

Here are a few suggestions to transition to submitting your reports and invoices on the eHealth Portal:

- If you have started any manually written (i.e., paper) reports, complete them and submit via mail, fax or courier. Make sure you invoice for the associated report fee or initial visit using the same method.
- Paper invoices already submitted to the WCB will be processed in due time. Do not resend invoices through the Portal. This will only lead to processing delays and an increased risk of overpayments.

- Your practice should move to submitting all reports and invoices through the Portal. Using two methods for providing reports and invoices will cause confusion.
- Treating therapists should submit their own reports to the WCB via the Portal. In lieu of a signature, the submitter needs to acknowledge that they agree with the report's content. The submitter's User ID appears on the report as well.

WCB report request monitoring

Once registered for the eHealth Portal, all WCB requests for reports will be sent via the Portal and displayed on the Reports in Progress page. No other notifications will be made. Therefore, it is important that the Portal is checked regularly, the WCB suggests on a daily basis.

Maintain the Reports in Progress by deleting any requested reports that will not be completed and submitted to the WCB. You will be prompted to select a reason for deleting the request.

Save your work

Please save your work before leaving your workstation or closing the application.

After 30 minutes of inactivity, the eHealth Portal will automatically log you out. If you were in the middle of completing a submission, including: Request Consultation, Report Overpayment, Record Visit or Bill Sundries, the information you entered will not be saved.

Initial Reports and Progress Reports auto-save every time you navigate from one tab to another within the report. You can also click Save  at any time to save the information you have entered on the report.

Once you have logged out, you will be redirected to the Online Services homepage, where you can enter your User ID and Password.

Avoid bundling or batching invoices

To ensure you reap the benefits of getting paid quickly for eHealth Portal submissions, it is suggested that you submit invoices as close to the time of the visit as possible. Batching and submitting invoices on a bi-monthly or monthly basis will

impact the processing time of your payment request, which could result in a delayed payment.

Retain and/or print copies of submitted reports

While the eHealth Portal attempts to retain copies of reports you create, there may be circumstances where reports submitted cannot be accessed through the Portal. It's important that you establish a process to keep copies, paper and/or electronic, of all the eHealth reports you submit in your own file retention system.

How to print a report

1. Once the report is submitted successfully, the report preview appears.
2. To access reports you have already submitted, go to the Claim-Level landing page.
3. In the Report Type column, click on the submitting or submitted report you want to print or save. A new tab will be created in your browser, previewing the report.
4. From the report preview, press Print  at the top right-hand corner of the window. The Print menu will open. From there, you can save and/or print the report.

How to save a report (recommended)

1. Select PDF Printer as the Printer or Destination.
 - a. If the PDF Printer does not display as an option, you can download and install one from the Internet, or you could print a hard copy of the report and scan it onto your computer.
2. Press Print.
3. A PDF Printer pop-up window will appear. Click Browse and:
 - a. Select the location where you want to store the report on your computer or network.
 - b. Modify the file name. Every saved report defaults to the same file name, so if you do not rename it, it may overwrite previously saved reports.
 - c. We suggest including the name of the patient and the date of the report in the file name (e.g., *Ima Worker - WCB Initial Report 01-01-2019*).
4. To **print** a paper copy of the report, ensure the correct printer is selected, then click Print.
 - a. If you print or save reports that do not have the same format or look as the print preview, check your computer's print settings.

Historical dates on the eHealth Portal

- Initial Reports and Initial Visits with a service date of May 1, 2016, or later can be submitted on the eHealth Portal.
- Progress/Discharge Reports and all other visit types can be submitted with service dates within one year of the current date.
- If you have older submissions dated before May 1, 2016, please submit them through traditional methods (fax, mail or courier).
- Up to three calendar years of historical eHealth Portal submissions and payment information can be viewed on the Portal.

Common symbols and icons

Here are some common symbols and icons within the eHealth application and their purpose:

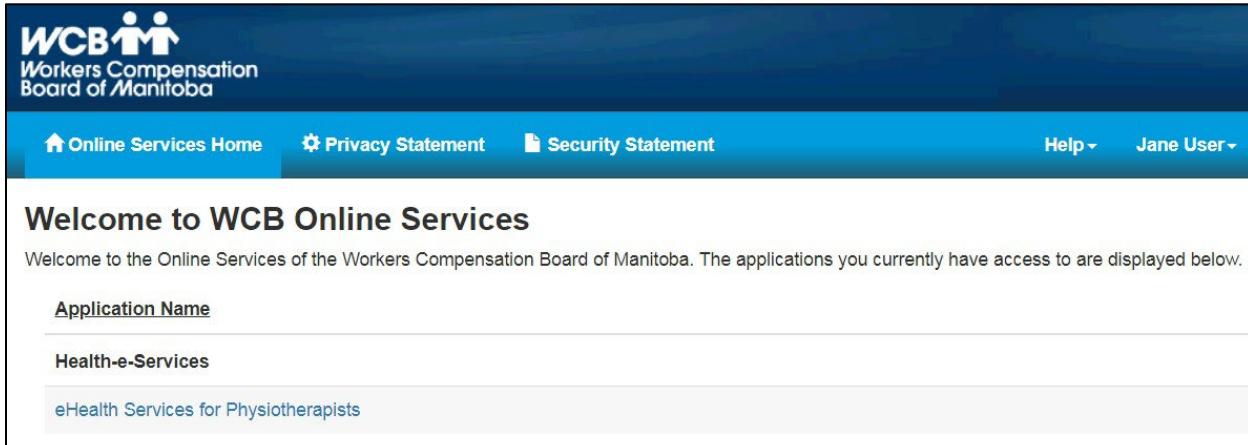
| | |
|---|--|
|  | Search by the criteria specified. |
|  | Clear the search criteria specified. |
|  | Collapse (hide) the left side-bar menu. |
|  | Expand (view) the left side-bar menu. |
|  | Sort the list based on the attribute in that column, either ascending or descending. |
|  | The list is in ascending order based on the values of that column. |
|  | The list is in descending order based on the values of that column. |
|  | Close the current window and go to the previous window. |
|  | Proceed to the next window (reports). |
|  | Enter a WCB Claim Number to find a specific claim (8-digits). |
|  | A drop-down list to select from. |
|  | Hover the mouse over the icon to display additional information. |
| AB, 12 | Blue text denotes a hyperlink to the specific claim or submission. |
|  | Create a new Initial Report. |
|  | Create a new Progress Report/Discharge Report/Application for Additional Treatment. |
|  | Request to speak with a WCB Physiotherapy Consultant. |
|  | Report an overpayment or invoice errors. |

| | |
|---|--|
|  | Submit visit details. |
|  | Submit an invoice for phone consultations, narrative reports or approved equipment. |
|  | Delete an item that has not been submitted to the WCB (i.e., In progress). |
|  | Unlock a report that is in edit by another user (Reports in Progress/Reporting History). |
|  | Confirm, Save or Submit the information entered on the page. |
|  | Cancel out of a new user-generated report; do not save any changes. |
|  | Save and exit the report. |
|  | Submitted report contains a request to speak with a WCB Physiotherapy Consultant. |
|  | The submitted Progress Report contains an application for additional treatment. |
|  | The submitted Progress Report has indicated a discharge from treatment. |
|  | Reflects the reason provided for a visit Cancellation or No Show (Visit History). |
|  | Hide Payment History search criteria. |
|  | Reveal Payment History search criteria. |
|  | Download Payment History search results. |
|  | Reveal Overpayment recovery transactions. |
|  | Hide Overpayment recovery transactions. |
|  | Access resources including the eHealth Services User Guide and FAQs (Help Menu). |

| | |
|---|--|
|  | Access eHealth Services contact information (Help Menu). |
|  | Access My Profile (User Name) |
|  | Log Off (User Name) |

eHealth Services home page

Once you have registered for online access and have successfully logged into WCB Online Services, you can access the eHealth Portal **eHealth Services for Physiotherapists**.



The screenshot shows the WCB Online Services homepage. The top navigation bar includes links for 'Online Services Home', 'Privacy Statement', 'Security Statement', 'Help', and a user profile for 'Jane User'. The main content area is titled 'Welcome to WCB Online Services' and displays a message: 'Welcome to the Online Services of the Workers Compensation Board of Manitoba. The applications you currently have access to are displayed below.' Below this message is a table with two rows. The first row contains the header 'Application Name' and the second row contains the application 'Health-e-Services'. The third row contains the application 'eHealth Services for Physiotherapists'.

If you have access to multiple accounts (i.e., locations), there will be a list to choose from. Select the appropriate account by clicking on the Access Point # (or account number) link. If you only have access to one account, you will be automatically directed to the eHealth Services homepage.

The name and location of the clinic you are representing is displayed in the header. Click on your name on the right side of the menu bar to Log Off . You can go to My Profile  to view your User Information, Security Questions and Application Access.

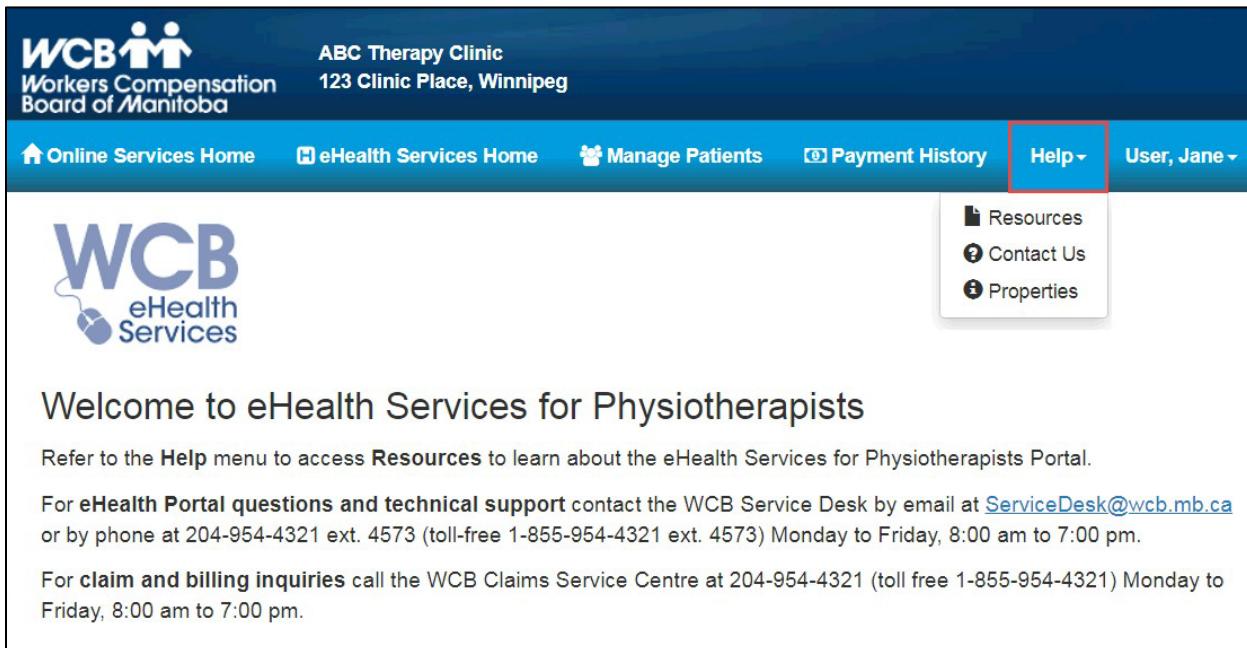


The screenshot shows the WCB Online Services homepage with a red box highlighting the user profile 'User, Jane'. The profile includes a 'My Profile' link and a 'Log Off' link. The top navigation bar includes links for 'Online Services Home', 'eHealth Services Home', 'Manage Patients', 'Payment History', 'Help', and the user profile 'User, Jane'. The clinic information 'ABC Therapy Clinic' and '123 Clinic Place, Winnipeg' is displayed in the header.

Click the Help menu to access Resources  to learn about the eHealth Services for Physiotherapists Portal. A new tab will open in your browser where you can view

the eHealth Services User Guide and Frequently Asked Questions (FAQ) documents.

To locate eHealth Services contact information, refer to the eHealth Services homepage. You can also click on Contact Us  under the Help menu. A new tab will open in your browser where you can view the eHealth Services contact information on the WCB website.



The screenshot shows the WCB eHealth Services homepage. At the top, the WCB logo and clinic information (ABC Therapy Clinic, 123 Clinic Place, Winnipeg) are displayed. Below the header, there are several menu options: Online Services Home, eHealth Services Home, Manage Patients, Payment History, and Help. The Help menu is highlighted with a red box and expanded, showing three options: Resources, Contact Us, and Properties.

Welcome to eHealth Services for Physiotherapists

Refer to the Help menu to access Resources to learn about the eHealth Services for Physiotherapists Portal.

For eHealth Portal questions and technical support contact the WCB Service Desk by email at ServiceDesk@wcb.mb.ca or by phone at 204-954-4321 ext. 4573 (toll-free 1-855-954-4321 ext. 4573) Monday to Friday, 8:00 am to 7:00 pm.

For claim and billing inquiries call the WCB Claims Service Centre at 204-954-4321 (toll free 1-855-954-4321) Monday to Friday, 8:00 am to 7:00 pm.

On the eHealth Services homepage, you will see either one or two menu options for accessing the eHealth Portal, depending on the type of access your administrator has assigned you. These options are Manage Patients and Payment History.



The screenshot shows the WCB eHealth Services homepage. At the top, the WCB logo and clinic information (ABC Therapy Clinic, 123 Clinic Place, Winnipeg) are displayed. Below the header, there are several menu options: Online Services Home, eHealth Services Home, Manage Patients, and Payment History. Two callout boxes point to these options: one pointing to Manage Patients with the text "Click to find claims, submit reports and invoices, etc." and another pointing to Payment History with the text "Click to view clinic's payment and overpayment details."



Manage Patients

Manage Patients is where you can access information on specific claims.

The menu options available to you will depend on the security access you have been assigned:

- View Reports in Progress, including reports requested by the WCB
- Search Recent Claim and Search WCB Claim
- Create and submit reports
- Invoice for visits/treatments
- Request a consultation with a WCB Physiotherapy Consultant
- Report overpayments/invoice errors
- Invoice other items (i.e., phone consultations, narrative reports and home therapy equipment, etc.)



Payment History

Payment History is where you can view payment information for the clinic. You can:

- Search/view the status of invoices with the WCB.
- Search/view overpayments applied to your account and the status of any recoveries made.

Manage Patients menu



ABC Therapy Clinic
123 Clinic Place, Winnipeg

[Online Services Home](#) [eHealth Services Home](#) [Manage Patients](#) [Payment History](#)

WCB eHealth Services

Welcome to eHealth Services for Physiotherapists

The Manage Patients menu allows practitioners to access specific claims they need to work on or claims they have worked on in the past.

There are three different tabs under the Manage Patients menu that will help you locate the claim you are looking for: Reports in Progress, Search Recent Claim and Search WCB Claim.

Reports in Progress tab

The Reports in Progress tab displays Initial Reports and Progress/Discharge Reports that have been created at the clinic or requested by the WCB but have not yet been completed or submitted to the WCB.

Review reports drafted, in edit, or requested by the WCB.

[Reports in Progress](#) [Search Recent Claim](#) [Search WCB Claim](#)

| WCB Claim Number: | Patient Last Name: | Patient First Name: | Last Saved By: |
|------------------------|----------------------|----------------------|---|
| <input type="text"/> # | <input type="text"/> | <input type="text"/> | <input type="button" value="--Select--"/> |

Search Results: 1 found

| Patient Name | Claim Number | Report Type | Status | Last Saved By | Last Saved Date | Action |
|--------------|--------------|-----------------|---------|---------------|-----------------|--------|
| Worker, Ima | 41020002 | Progress Report | In Edit | User, Jane | 18-Jun-2019 | |

- You can search for a report by using the worker's WCB Claim Number or by their Last Name, First Name or Last Saved By option.
 - Note: You can only search using one of the above options. Entering more than one criteria into the search will result in a null response.
- The information that appears can also be alphabetically or numerically sorted by any one of the columns by clicking Sort .
- The status of the report will reflect the stage of the report:

| | |
|------------------|--|
| Draft | Created, not completed or submitted (option to delete). |
| In Edit | Currently open (locked) by another user. |
| Requested | The report has been requested by the WCB (option to delete). |

A report remains In Edit as long as a user has not exited/saved the report. However, the following day it will be available for other users to unlock/reset the document and return the report to draft status by clicking .

Once registered for the eHealth Portal, any WCB requests for reports will be sent via the Portal and will display on the Reports in Progress page. You will not receive any notification that a request has been made. Therefore, it is important that someone at the clinic reviews the Portal regularly (the WCB suggests daily) to see if any report requests have been made.

To access the worker's claim, click on the Claim Number, which will take you to that claim's landing page.

Search Recent Claim tab

The Search Recent Claim tab allows you to quickly search for claims with past activity at the specified clinic location:

- Search for claims with activity within the specified time period, from the past 15 days up to the past three years.
- You can narrow down the search by adding the patient's first and/or last name.

Search for a patient's claim where you have made a prior Portal submission.

Reports in Progress **Search Recent Claim** Search WCB Claim

| | | |
|---|--------------------|---------------------|
| Activity within the last:* | Patient Last Name: | Patient First Name: |
| --Select-- 15 days 30 days 90 days 180 days 1 year 2 years 3 years | | |

Search Results: 0 found

| Patient Name | Date of Birth | Claim Number | Date of Incident | Area of Injury | Last Activity Date |
|--------------|---------------|--------------|------------------|----------------|--------------------|
|--------------|---------------|--------------|------------------|----------------|--------------------|

The search results will include claims with eHealth Portal activity/submissions and payment/overpayment activity within the selected time period.

To access the worker's claim, click on the Claim Number, which will take you to that claim's landing page.

Search WCB Claim tab

The Search WCB Claim tab allows you to search the WCB's database for a reported claim.

- If the worker provides their claim number, it can be entered to quickly access their claim information. When entering a claim number, do not input any additional search criteria, as doing so will result in an invalid response.
- If the worker has reported a claim but does not have their claim number, search for it using the worker's Last Name, Year of Birth and Date of Incident. The results will be more specific if you add the worker's First Name and Gender.

Find a claim for a new patient. (To submit a report or invoice, a WCB claim must exist.)

| Reports in Progress | Search Recent Claim | Search WCB Claim | | | |
|--|--|---|--|--|--|
| WCB Claim Number: <input type="text"/> # | Patient Last Name: <input type="text"/> | Patient First Name: <input type="text"/> | Gender: <input type="button" value="Select--"/> | Year of Birth: <input type="button" value="Select--"/> yyyy | Date of Incident: <input type="button" value="Select--"/> dd/mm |
| Search will return claim results within 14 days of the entered Date of Incident. | | | | | |
| Search Results: 0 found | | | | | |
| Patient Name | Date of Birth | Gender | Address | Area of Injury | Date of Incident |

Note: Claims within 14 days of the date of the incident entered will be reflected in the search results. If your search returns more than one claim, verify the worker information to select the appropriate claim.

To access the worker's claim, click on the Date of Incident, which will take you to that claim's landing page.

The eHealth Portal will only allow you to submit reports and invoices on reported claims. If the worker has not reported a claim, but was injured in the course of their employment, encourage them to contact the WCB. Please refer to the [Request Workers to Report a WCB claim topic](#) for additional information.

Claim Level landing page

Once you have selected a worker's claim in the eHealth Portal, you have access to view past submissions and create new submissions on that claim, depending on your security access.

There are tabs on the landing page at the claim level, and each provides the history and status of submissions made by your clinic.

Reporting History

Visit History

Sundry History

Recent Payments

Reporting History tab

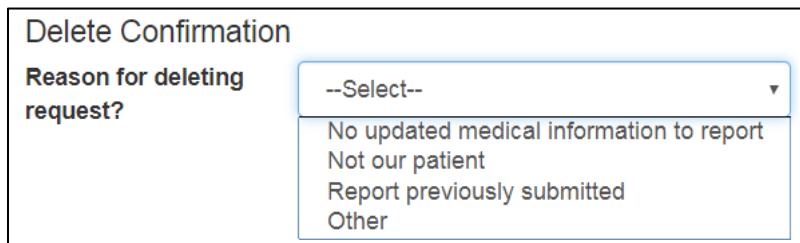
The Reporting History tab will list any eHealth Portal-generated reports or consultation requests created for that claim. It will reveal the status of that report (i.e., Requested, Draft, In Edit or Submitted) and the user at the clinic who last saved it.

Reports are listed in descending order by the last saved date. This information can be sorted by any of the other columns by pressing Sort  within the desired column heading.

A report remains In Edit when a user has not exited/saved the report. However, the following day, it will be available for other users to unlock/reset the document and return the report to draft status by clicking Unlock .

Reports in Requested or Draft status can be deleted from the Portal by clicking Trash . The report will display for your review.

If the report was originally requested by the WCB, you will be prompted to select a Reason from the drop-down menu. When a requested report is deleted, a notification will be sent to the WCB.



Delete Confirmation

Reason for deleting request?

--Select--

- No updated medical information to report
- Not our patient
- Report previously submitted
- Other

If you do not wish to proceed, click Cancel  to return to the Reporting History tab. If you wish to proceed, click Delete  to permanently delete the report.

Visit History tab

The Visit History tab lists all visits submitted via the eHealth Portal on your account for that claim.

No Show or Cancellation visits are also listed here. Although the WCB does not pay for these missed appointments, this information is valuable to the WCB for claim management.

Each Portal-reported visit is listed in descending order of service date. This information can be sorted by any of the other columns by pressing Sort  within the desired column heading.

Sundry History tab

The Sundry History tab lists all sundry items submitted via the eHealth Portal on your account for that claim.

Each Portal-reported sundry item is listed in descending order of service date. This information can be sorted by any of the other columns by pressing Sort  within the desired column heading.

Recent Payments tab

The Recent Payments tab lists all payment items created through your account, on that claim, including those submitted via the eHealth Portal or through traditional submission methods.

Note: If you do not see this tab, your Administrator has not provided you with security access to this information.

Payment items are listed in descending order of processed date. However, you can sort them by any of the other columns by pressing Sort  within the desired column heading.

The status of the payments is considered real-time in that updates happen regularly throughout the day. Here is what the different status types mean:

| | |
|-----------------|---|
| Pending | The payment request is in the process of being reviewed. |
| Approved | The payment request has been approved, but payment has not yet been made. It will be paid out on the next scheduled bi-monthly pay run. |
| Paid | The payment request has been paid. Payment Number and Paid Amount are populated. |

| | |
|------------------|--|
| Denied | The payment request has been denied by the WCB. |
| Cancelled | The payment request has been cancelled by the WCB. |

The Requested Amount reflects the amount that was entered by the WCB and may not reflect an amount you entered in a submission.

The Paid Amount is the amount that has actually been paid.

Any difference between the Requested and Paid amounts is the result of the requested amount being reduced by an overpayment on your account. The amounts submitted may differ from the amounts that are approved and/or paid.

Note: Overpayments are not necessarily recovered from payments being made on the same claim. The recovery can be from any payment item on any claim being paid to your clinic.

Additional overpayment details can be viewed in Overpayments.

There are circumstances where the WCB may pay an invoice under a **different claim number** than the one you made your submission(s) on, including:

- The claim number you used to submit is subsequently merged into another claim number.
 - Other than the claim number, the details for the invoice items should be the same as entered (i.e., your invoice number, the patient's name (same or similar), the service date and type).
- The invoice was processed on an Administrative Claim instead of the original claim number:
 - The status of the submitted invoice will reflect Cancelled.
 - The Paid Amount can be viewed in the Payments tab within the clinic's Payment History window as follows.
 - Under the Invoice Number column, you should see the patient's name, the original claim number and/or your invoice number.
 - The patient's name will be Admin Costs, Adjudication.
 - The Administrative Claim Number will display (i.e., 210#####).
 - The same service date and service type will display.

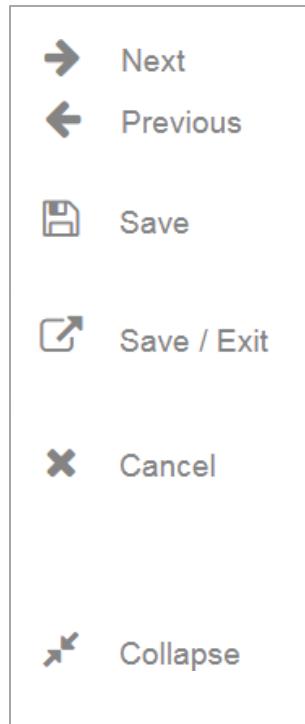
Claim-Level Action menu

From the claim landing page, and depending on your assigned capabilities, you may be presented with some or all of the following menu options:

-  New Initial Report
-  New Progress Report
-  Request Consultation
-  Report Overpayment
-  Record Visit
-  Bill Sundries

New Initial Report

When you select New Initial Report from the Action menu, a new report is generated. Any information the WCB has already collected will be pre-populated on the report. You should try to obtain any missing information from the worker.



On the left-hand side of the window are navigation buttons. Please refer to the [Common symbols and icons table](#) for further information on how to navigate through the report.

Until the report is completed and submitted, it will remain in Draft status (or In Edit if someone is working on it) and will remain as such in your Reporting History tab. This is where you can access the report to work on it again, or if it was created in error, you can delete it by clicking Trash .

Each tab contains different aspects of the report:

| | | | | | | | |
|--------------------|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
|--------------------|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|

The Worker Information tab is the first section (in sequence) of the Initial Report. The information already collected by the WCB will be populated. The required fields are denoted with an asterisk (*) and will need to be provided if they are not already populated. Please complete any other fields with missing information if it is available.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|--|----------------------|----------------------------|-------------------|-----------------------------|-----------------|-------------------------|--------|------------|----------------------|--|--|--------------------------|-----|-----------------------------|----------------------|------------|--|--------------|----------------------|-------|----------------------|--|--|------------------------------|-----------------|---------|----------------------|--|--|-----------------|----------------------|------------|----------------------|--|--|--------------------|----------|--|----------------------|--|--|--------------------------------|----------|--|--|--|--|-----------------------|--------|--|--|--|--|-------------------------|----------------------|--|--|--|--|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Last Name:[*]</td> <td>Worker</td> <td>Telephone:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>First Name:[*]</td> <td>Ima</td> <td>Date of Birth:[*]</td> <td><input type="text"/></td> <td>dd/mm/yyyy</td> <td></td> </tr> <tr> <td>Middle Name:</td> <td><input type="text"/></td> <td>PHIN:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Address Line 1:[*]</td> <td>555 Worker Blvd</td> <td>Gender:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Address Line 2:</td> <td><input type="text"/></td> <td>Job Title:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>City:[*]</td> <td>Winnipeg</td> <td>Name of Attending/Referring Physician:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Province / State:[*]</td> <td>Manitoba</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Country:[*]</td> <td>Canada</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Postal Code / Zip Code:</td> <td><input type="text"/></td> <td></td> <td colspan="3"></td> </tr> </table> | | | | | | | | Last Name: [*] | Worker | Telephone: | <input type="text"/> | | | First Name: [*] | Ima | Date of Birth: [*] | <input type="text"/> | dd/mm/yyyy | | Middle Name: | <input type="text"/> | PHIN: | <input type="text"/> | | | Address Line 1: [*] | 555 Worker Blvd | Gender: | <input type="text"/> | | | Address Line 2: | <input type="text"/> | Job Title: | <input type="text"/> | | | City: [*] | Winnipeg | Name of Attending/Referring Physician: | <input type="text"/> | | | Province / State: [*] | Manitoba | | | | | Country: [*] | Canada | | | | | Postal Code / Zip Code: | <input type="text"/> | | | | |
| Last Name: [*] | Worker | Telephone: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: [*] | Ima | Date of Birth: [*] | <input type="text"/> | dd/mm/yyyy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name: | <input type="text"/> | PHIN: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: [*] | 555 Worker Blvd | Gender: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | <input type="text"/> | Job Title: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: [*] | Winnipeg | Name of Attending/Referring Physician: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Province / State: [*] | Manitoba | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: [*] | Canada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Code / Zip Code: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The next tab reflects the Employer Information on the claim. Again, the details already obtained from the WCB will be populated, and any missing information should be completed if it is available.

| | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|-----------------------------|-------------------|-----------------|-------------------|-----------------|--|-------|----------|-------------------|----------|----------|----|-------------------------|---------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Employer Name:[*]</td> <td>XYZ Employer Ltd.</td> </tr> <tr> <td>Address Line 1:</td> <td>999 Employer Road</td> </tr> <tr> <td>Address Line 2:</td> <td></td> </tr> <tr> <td>City:</td> <td>Winnipeg</td> </tr> <tr> <td>Province / State:</td> <td>Manitoba</td> </tr> <tr> <td>Country:</td> <td>CA</td> </tr> <tr> <td>Postal Code / Zip Code:</td> <td>R1A 1A1</td> </tr> </table> | | | | | | | | Employer Name: [*] | XYZ Employer Ltd. | Address Line 1: | 999 Employer Road | Address Line 2: | | City: | Winnipeg | Province / State: | Manitoba | Country: | CA | Postal Code / Zip Code: | R1A 1A1 |
| Employer Name: [*] | XYZ Employer Ltd. | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | 999 Employer Road | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | |
| City: | Winnipeg | | | | | | | | | | | | | | | | | | | | |
| Province / State: | Manitoba | | | | | | | | | | | | | | | | | | | | |
| Country: | CA | | | | | | | | | | | | | | | | | | | | |
| Postal Code / Zip Code: | R1A 1A1 | | | | | | | | | | | | | | | | | | | | |

The Incident Details tab requires you to enter a brief description of the workplace incident as described by the worker.

| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
|--|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| <p>Date of Incident:* 01-Mar-2018</p> <p>Area of Injury:* Lower back</p> <p>Worker's description of incident or injury:*</p> <div style="border: 1px solid #ccc; height: 100px; margin-top: 10px;"></div> <p style="font-size: small; margin-top: 10px;">2000 characters remaining (2000 maximum)</p> | | | | | | | |

The top section of the Examination Findings tab is where to include the details of your initial assessment of the worker. In addition to the date of the assessment, you will need to provide the worker's current subjective complaints. If possible, the WCB would like you to complete at least two self-assessment tool scores. You should also indicate if you provided acupuncture as part of the treatment during the initial assessment visit.

| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit | | | | | | | | | | | | | | | |
|---|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|----------------------------|----------------------|------|---|----------------------|------|------------------------|----------------------|------|--|----------------------|------|--|----------------------|-------|
| <p>Date of Initial Assessment:* <input type="text" value="dd/mm/yyyy"/></p> <p>Was acupuncture performed at this visit?* <input type="text" value="Select"/></p> <p>Current Subjective Complaints:*</p> <div style="border: 1px solid #ccc; height: 100px; margin-top: 10px;"></div> <p style="font-size: small; margin-top: 10px;">2000 characters remaining (2000 maximum)</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Self Assessment Tools Completed (Minimum of 2 preferred)</p> <table> <tbody> <tr> <td>Numeric Pain Rating Scale:</td> <td><input type="text"/></td> <td>0-10</td> </tr> <tr> <td>Roland-Morris Disability Questionnaire:</td> <td><input type="text"/></td> <td>0-24</td> </tr> <tr> <td>Neck Disability Index:</td> <td><input type="text"/></td> <td>0-50</td> </tr> <tr> <td>Lower Extremity Functional Scale (LEFS):</td> <td><input type="text"/></td> <td>0-80</td> </tr> <tr> <td>Disabilities of the Arm, Shoulder and Hand (DASH):</td> <td><input type="text"/></td> <td>0-100</td> </tr> </tbody> </table> | | | | | | | | Numeric Pain Rating Scale: | <input type="text"/> | 0-10 | Roland-Morris Disability Questionnaire: | <input type="text"/> | 0-24 | Neck Disability Index: | <input type="text"/> | 0-50 | Lower Extremity Functional Scale (LEFS): | <input type="text"/> | 0-80 | Disabilities of the Arm, Shoulder and Hand (DASH): | <input type="text"/> | 0-100 |
| Numeric Pain Rating Scale: | <input type="text"/> | 0-10 | | | | | | | | | | | | | | | | | | | | |
| Roland-Morris Disability Questionnaire: | <input type="text"/> | 0-24 | | | | | | | | | | | | | | | | | | | | |
| Neck Disability Index: | <input type="text"/> | 0-50 | | | | | | | | | | | | | | | | | | | | |
| Lower Extremity Functional Scale (LEFS): | <input type="text"/> | 0-80 | | | | | | | | | | | | | | | | | | | | |
| Disabilities of the Arm, Shoulder and Hand (DASH): | <input type="text"/> | 0-100 | | | | | | | | | | | | | | | | | | | | |

Scroll to the next section of Examination Findings and enter information about the worker's impairments based on your observations and the worker's mobility range(s). Where you indicate Yes, please provide sufficient details.

Impairments - Current Objective Findings

| | |
|--|---|
| Observation (swelling, bruising, gait):* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>512 characters remaining (512 maximum)</p> |
| Mobility:* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify Values: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>800 characters remaining (800 maximum)</p> |

Further down the Examination Findings page, enter the Neurological examination results. For those you conducted, indicate Yes and provide all relevant details around your assessment of those factors.

Neurological

| | |
|---|--|
| Myotome:* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>512 characters remaining (512 maximum)</p> |
| Dermatome:* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>512 characters remaining (512 maximum)</p> |
| Reflexes:* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>512 characters remaining (512 maximum)</p> |
| Other:* <input style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;" type="button" value="--Select--"/> | Specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> |

The bottom portion of the Examination Findings page is where you indicate the results of any strength or other tests you performed and the results of those tests.

| | |
|--|--|
| <p>Strength:* <input type="button" value="--Select--"/></p> <p>Specify: (include functional strength and rating)</p> <p>800 characters remaining (800 maximum)</p> | |
| <p>Special Tests:* <input type="button" value="--Select--"/></p> <p>Specify:</p> <p>512 characters remaining (512 maximum)</p> | |
| <p>Other remarks:</p> <p>2000 characters remaining (2000 maximum)</p> | |

The first part of the Diagnosis & Treatment Plan tab is where to provide details about the diagnosis and anticipated treatment schedule. An example of a treatment plan would be:

| Entry # | Visits per week | Number of weeks |
|----------------|------------------------|------------------------|
| 1 | 3 | 2 |
| 2 | 2 | 1 |
| 3 | 1 | 1 |

| <p>Worker Information</p> <p>Employer Information</p> <p>Incident Details</p> <p>Examination Findings</p> <p>Diagnosis & Treatment Plan</p> <p>Work Capabilities</p> <p>Therapist & Additional Info</p> <p>Review & Submit</p> | | | | | | | | | | | | | | | | | |
|--|------------------------|------------------------|------------------------|------------------------|---------------|---|----------------------|----------------------|--|---|----------------------|----------------------|--|---|----------------------|----------------------|--|
| <p>Diagnosis on completion of assessment:*</p> <p>512 characters remaining (512 maximum)</p> | | | | | | | | | | | | | | | | | |
| <p>Anticipated treatment schedule:</p> <table border="1"> <thead> <tr> <th>Entry #</th> <th>Visits per week</th> <th>Number of weeks</th> <th>Delete</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> </tbody> </table> <p>Add Line</p> <p>Total treatments: 0</p> | | Entry # | Visits per week | Number of weeks | Delete | 1 | <input type="text"/> | <input type="text"/> | | 2 | <input type="text"/> | <input type="text"/> | | 3 | <input type="text"/> | <input type="text"/> | |
| Entry # | Visits per week | Number of weeks | Delete | | | | | | | | | | | | | | |
| 1 | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |
| 2 | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |
| 3 | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |

The next section under the Diagnosis & Treatment Plan tab is for you to provide information about any home instruction you have provided to the worker.

Provide details of home program:
 800 characters remaining (800 maximum)

Multi-site request:

Request consultation with WCB Physiotherapy Consultant?

This is also where you can request approval for multi-site treatments or request a consultation with a WCB Physiotherapy Consultant.

Multi-site request:
 A request for Multi-site treatments will be created upon the submission of this report. If the request is approved, this will require scheduling double the normal allotted treatment time.

Number of Multi-site treatments requested:

Rationale for Multi-site request:
 512 characters remaining (512 maximum)

Request consultation with WCB Physiotherapy Consultant?
 The therapist specified in this report will be contacted within 7 business days after the report is submitted to the WCB.

Completing the Work Capabilities tab is important as it outlines the worker's restrictions, if any. If you feel the worker is capable of regular work duties/hours, please indicate that and provide any relevant additional information.

| | | | | | | | |
|--------------------|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
|--------------------|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|

Current work capabilities as a result of the injury:

Provide additional information/details if required:
 512 characters remaining (512 maximum)

If, in your opinion, the worker is capable of modified work duties/hours, please indicate the details of their work restrictions and how long you believe those restrictions are needed. You can also advise the WCB if there are any extenuating factors influencing this worker's recovery.

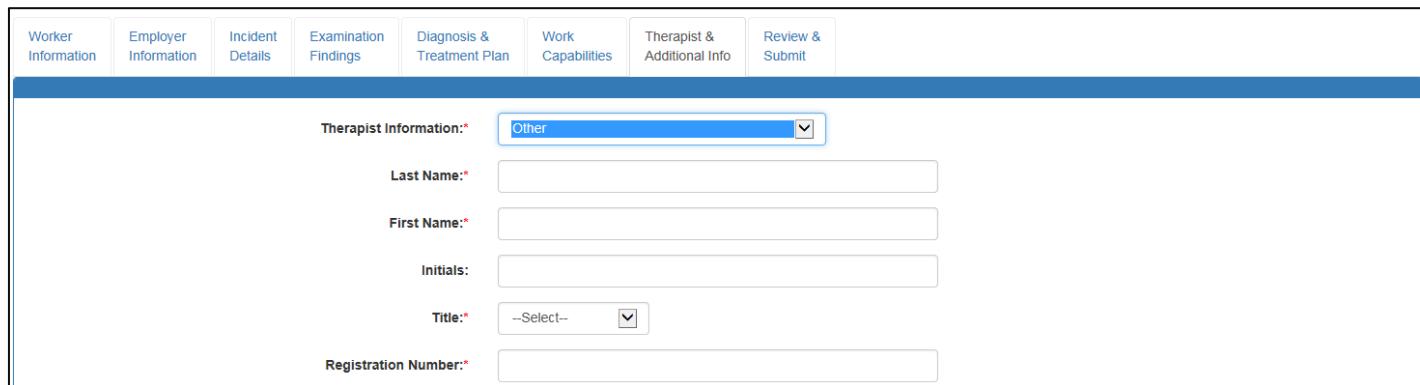
| | | | | | | | |
|---|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Current work capabilities as a result of the injury:[*] <input checked="" type="checkbox"/> Capable of alternate or modified work duties/hours</p> <p>Outline restrictions for work duties/hours:[*] 2000 characters remaining (2000 maximum)</p> <p>Outline any recommended work schedule modifications: 2000 characters remaining (2000 maximum)</p> <p>Duration of current restrictions:[*] <input type="button" value="--Select--"/></p> <p>Are there factors unrelated to this injury prolonging recovery or ability to return to work?[*] <input type="button" value="No"/></p> | | | | | | | |

If your assessment is that the worker is totally disabled from work, please provide rationale for this based on your findings. Also, indicate how long you believe the worker will be totally disabled from work, and if there are other factors contributing to the prolonging of this worker's recovery.

| | | | | | | | |
|--|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Current work capabilities as a result of the injury:[*] <input checked="" type="checkbox"/> Total Disability</p> <p>Outline findings that support total disability: 2000 characters remaining (2000 maximum)</p> <p>Duration of total disability:[*] <input type="button" value="--Select--"/></p> <p>Are there factors unrelated to this injury prolonging recovery or ability to return to work?[*] <input type="button" value="--Select--"/></p> | | | | | | | |

You will need to provide information about the treating therapist under the Therapist & Additional Info tab. The clinic can select treating therapists who submit reports or invoices via the eHealth Portal from the drop-down list.

If this is the first Portal submission for a therapist, or it has been some time since that therapist has submitted through the Portal, select Other and add all the necessary details.



| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
|---|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| <p>Therapist Information: <input type="button" value="Other"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Initials: <input type="text"/></p> <p>Title: <input type="button" value="--Select--"/></p> <p>Registration Number: <input type="text"/></p> | | | | | | | |

In addition to the therapist's name, indicate whether they treated the worker as a Physiotherapist or an Athletic Therapist. Also indicate the therapist's Registration Number from their relevant professional organization (this is required in order to practice in Manitoba):

- Physiotherapists
 - College of Physiotherapists of Manitoba
 - 4-digit number (####)
- Athletic Therapists
 - Certification with the Canadian Athletic Therapists Association (CATA) and
 - Registration with the Manitoba Athletic Therapists' Association (MATA) and
 - 4-digit number preceded by '2' (2-####)

On the same Therapist & Additional Info tab, provide your invoice number (if available) that is unique to you to help you track your submission, or provide any other information you believe the WCB needs to know about this claim.

| | | |
|---|----------------------|---|
| If you have an invoice number available, enter it here: | <input type="text"/> | A payment request for a reporting fee and initial visit will be created upon the submission of this report. |
| Additional information that is relevant to this claim: | | <input type="text"/> |
| 2000 characters remaining (2000 maximum) | | |

Once you believe you have completed the report, go to the Review & Submit tab.

If any required fields have not been completed, errors will appear and will need to be resolved in order to complete and submit the report. Click on an error code to be taken to the page that needs to be completed.

| | | | | | | | |
|---|----------------------|------------------|----------------------|----------------------------|-------------------|-----------------------------|-----------------|
| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| Worker Information <ul style="list-style-type: none"> BLERR021: 'Date of Birth' is required. Examination Findings <ul style="list-style-type: none"> BLERR021: 'Other description in the 'Specify' field' is required. BLERR014: 'Strength' must have a Yes or No value. Diagnosis & Treatment Plan <ul style="list-style-type: none"> BLERR021: 'Request consultation with WCB Physiotherapy Consultant' is required. | | | | | | | |

Once all required fields have been completed, the report will display. Review the report contents to make sure they are correct and complete. Navigate back to the previous tabs if any changes are required. To proceed with the report submission, simply check off the Submission Acknowledgement at the bottom of the report and click Submit .

| |
|--|
| Submission Acknowledgement |
| <input checked="" type="checkbox"/> I, Jane User, 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. |
| <input type="button" value="Submit"/> |

Important reminders:

- Once a report is submitted to the eHealth Portal, it cannot be retracted or edited.
- When the Initial Report is submitted, an invoice is automatically generated for the following items:
 - Initial Report Fee
 - Initial Visit Fee
 - Acupuncture Tray Fee (if applicable)
- You do not need to invoice for these items.

Note: Please refer to [Appendix A - Invoicing for alternate therapy for instructions to submit a Hand Therapy Initial Visit & Initial Report.](#)

The submitted report will display on the Reporting History tab. Click on the Report Type to view the submitted report. The text you entered is displayed in a **bolded** font; all of the other text was pre-populated.

| | | | |
|--|---|---|----------------|
|  | | Print | |
| Patient Information | | Physiotherapy Initial Report Claim No. 41020002 | |
| Name: | Worker, Ima | Telephone: | (204) 555-5555 |
| Address: | 555 Worker Blvd Winnipeg, MB R1A 1A1 | Date of Birth: | 28-Aug-1985 |
| Job Title: | Carpenter | PHIN: | |
| Gender: | Female | | |
| Employer Information | | | |
| Name: | XYZ Employer Ltd. | | |
| Address: | 999 Employer Road Winnipeg, MB R1A 1A1 | | |
| Incident Details | | | |
| Date of Incident: | 01-Mar-2018 | | |
| Area of Injury: | Lower back | | |
| Worker's description of incident or injury: I lifted a box that was about 25 lbs and felt a sharp pain in my back. | | | |

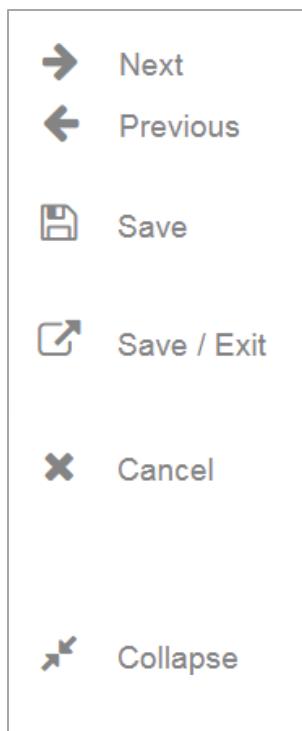
It is highly recommended that you save your own copies of all submitted reports, as the WCB is not responsible for storing submissions created on the eHealth Portal indefinitely. Please refer to the Important [eHealth Portal Best Practices section](#) for instructions on how to [Retain and/or Print Copies of Submitted Reports](#).

New Progress Report

When you select New Progress Report from the Action menu, a new report is generated.

Based on the selected treatment plan options, the report will be submitted as either a:

- Progress report
- Discharge report
- Application for Additional Treatment



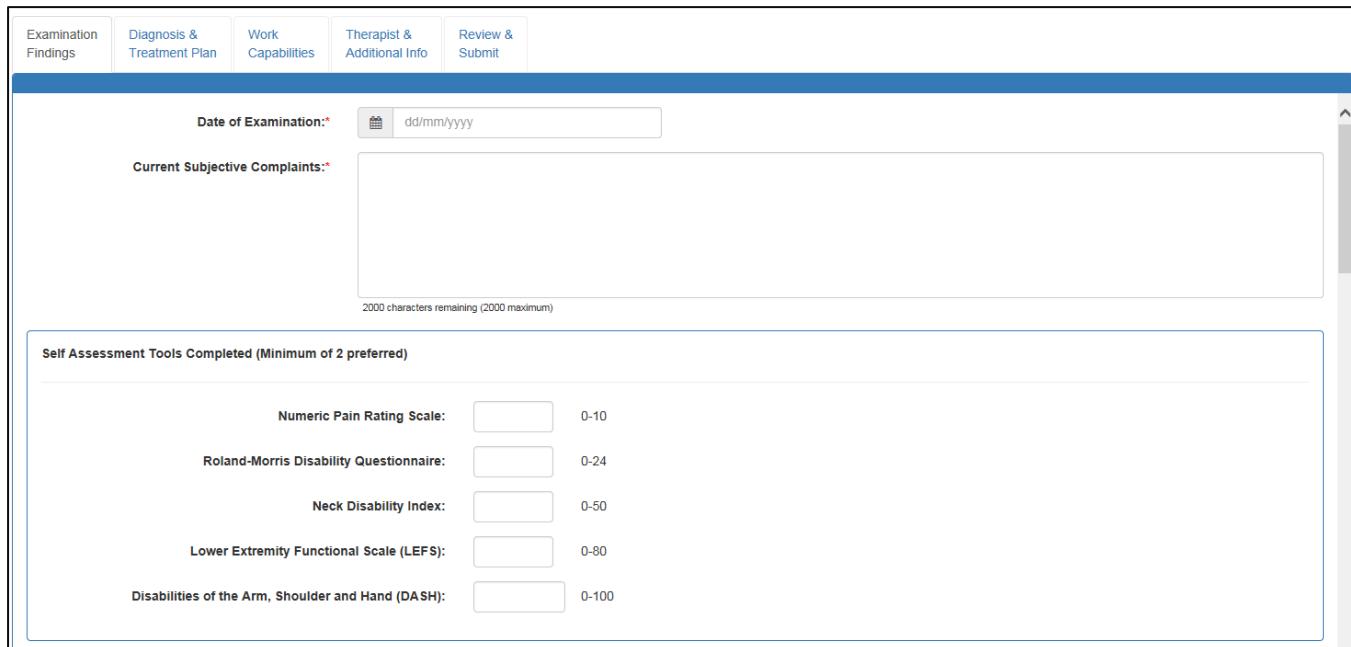
On the left-hand side of the window are navigation buttons. Please refer to the [Common symbols and icons table](#) for further information on how to navigate through the report.

Until the report is completed and submitted, it will remain in Draft status (or In Edit if someone is working on it), and will remain as such in your Reporting History tab. This is where you can access the report to work on it again, or if it was created in error, you can delete it by clicking Trash .

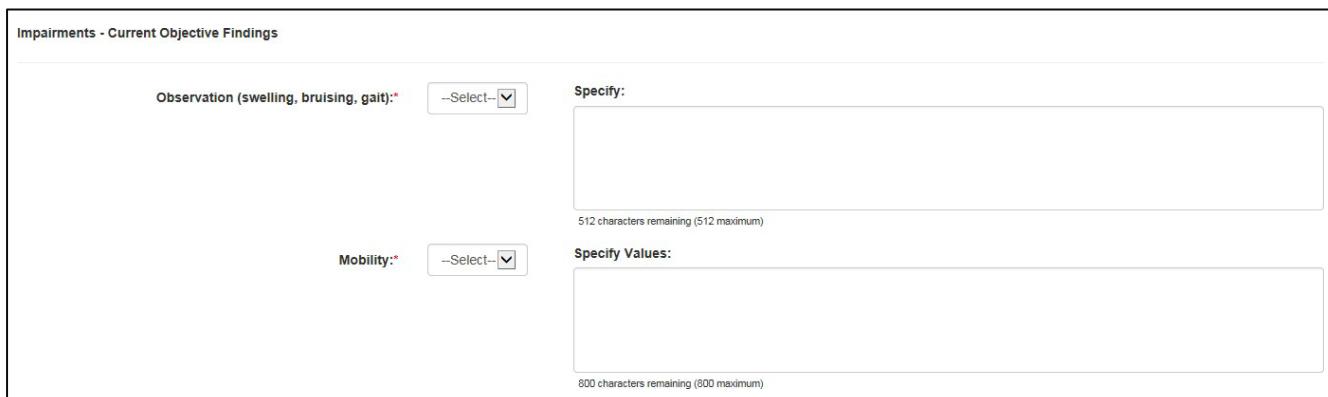
Each tab contains different aspects of the report:



The top section of the Examination Findings tab is where to outline the details of your examination of the worker. In addition to the date of the examination, provide the worker's current subjective complaints. Also, complete at least two self-assessment tool scores.



Scroll down to the next section of the Examination Findings page and enter information about the worker's impairments based on your observations and the worker's mobility range(s). Where you indicate Yes, please provide sufficient details.



Further down the Examination Findings page, enter the Neurological examination results. For those you conducted, indicate Yes and provide all relevant details around your assessment of those factors.

Neurological

Myotome:* Specify:
512 characters remaining (512 maximum)

Dermatome:* Specify:
512 characters remaining (512 maximum)

Reflexes:* Specify:
512 characters remaining (512 maximum)

Other:* Specify:

The bottom portion of the Examination Findings page is where to indicate the results of any strength or other tests you performed and the results of those tests.

| | |
|---|---|
| Strength: * <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> --Select-- <input type="button" value="▼"/> </div> | Specify: (include functional strength and rating) <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div> <p>800 characters remaining (800 maximum)</p> |
| Special Tests: * <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> --Select-- <input type="button" value="▼"/> </div> | Specify: <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div> <p>512 characters remaining (512 maximum)</p> |
| Other remarks: <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div> <p>2000 characters remaining (2000 maximum)</p> | |

The top part of the Diagnosis & Treatment Plan tab is where to provide any updated details about your diagnosis and treatment plan. The first section of the tab will reflect the last diagnosis you provided. You can either change that diagnosis or confirm it.

| | | | | |
|---|----------------------------|-------------------|-----------------------------|-----------------|
| Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Previous diagnosis: <input type="text" value="Diagnosis"/></p> <p>Is there a change in diagnosis? <input checked="checked" type="checkbox" value="Yes"/></p> <p>State new diagnosis: <input type="text"/></p> <p><small>512 characters remaining (512 maximum)</small></p> | | | | |

The next section of the Diagnosis & Treatment Plan tab requests you to provide your opinion about whether the recovery progression is satisfactory. If you do not believe the worker is recovering as they should be, please indicate what contributing factors are impeding progress.

| |
|---|
| <p>Is the recovery satisfactory?* <input checked="checked" type="checkbox" value="No"/></p> <p>What are the complications/factors impeding progress?* <input type="text"/></p> <p><small>512 characters remaining (512 maximum)</small></p> |
|---|

Proceeding through the Diagnosis & Treatment Plan tab, please indicate whether the worker has been discharged from treatment. If they have been discharged, provide the reason(s).

| |
|---|
| <p>Is worker discharged?* <input checked="checked" type="checkbox" value="Yes"/></p> <p>Reason for discharge: <input type="text"/></p> <p><small>512 characters remaining (512 maximum)</small></p> |
|---|

If Yes is selected, the Progress Report automatically becomes a Discharge Report.

Discharge  will display beside the submitted report on the Reporting History tab.

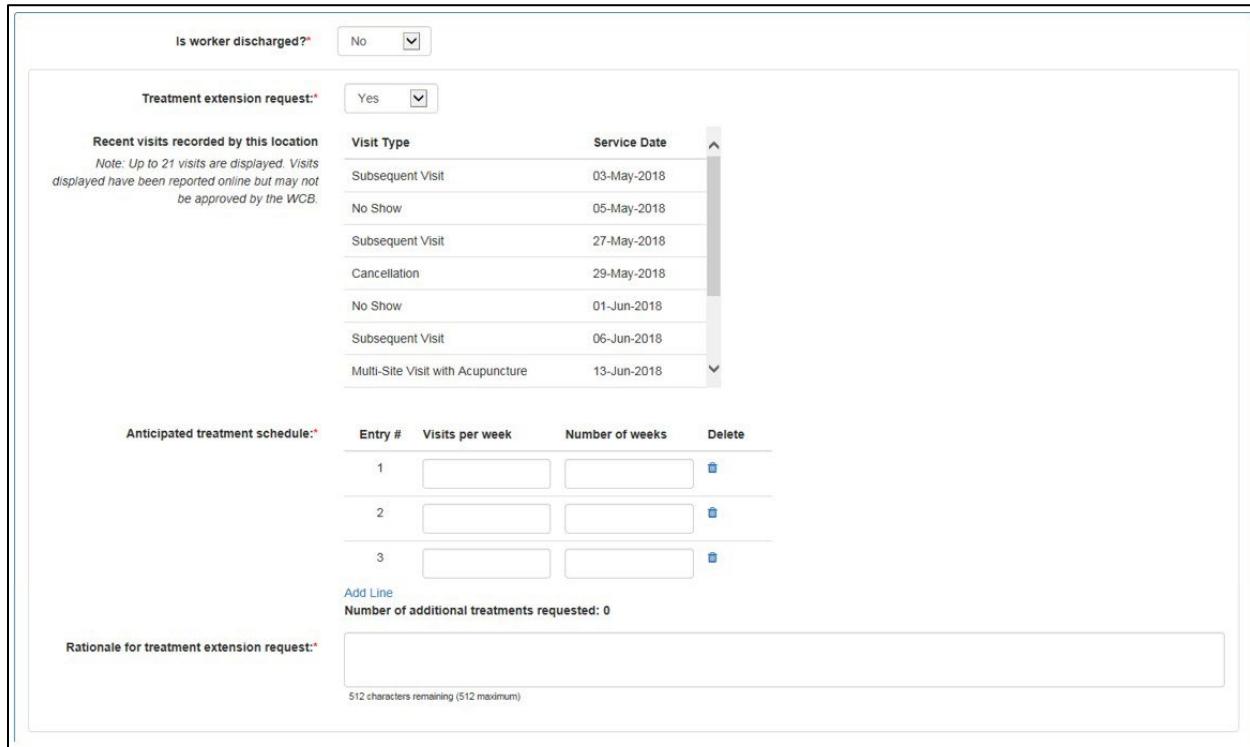
If the worker has not been discharged, confirm whether more treatments will be required than those that have already been approved. For your reference, a list of the worker's most recent 21 (or fewer) visits will appear.

Note that only eHealth Portal-submitted visits will be reflected on the Recent visit list.

An example of an additional anticipated treatment schedule might be:

| Entry # | Visits per week | Number of weeks |
|----------------|------------------------|------------------------|
| 1 | 1 | 3 |
| 2 | | |
| 3 | | |

Rationale for requesting additional treatments will also need to be provided.



Is worker discharged?*

Treatment extension request:*

Recent visits recorded by this location

Note: Up to 21 visits are displayed. Visits displayed have been reported online but may not be approved by the WCB.

| Visit Type | Service Date |
|-----------------------------------|--------------|
| Subsequent Visit | 03-May-2018 |
| No Show | 05-May-2018 |
| Subsequent Visit | 27-May-2018 |
| Cancellation | 29-May-2018 |
| No Show | 01-Jun-2018 |
| Subsequent Visit | 06-Jun-2018 |
| Multi-Site Visit with Acupuncture | 13-Jun-2018 |

Anticipated treatment schedule:*

| Entry # | Visits per week | Number of weeks | Delete |
|---------|----------------------|----------------------|--------|
| 1 | <input type="text"/> | <input type="text"/> | |
| 2 | <input type="text"/> | <input type="text"/> | |
| 3 | <input type="text"/> | <input type="text"/> | |

[Add Line](#)

Number of additional treatments requested: 0

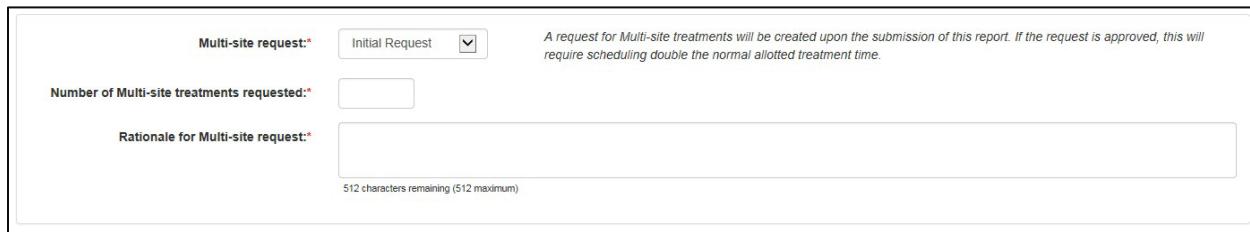
Rationale for treatment extension request:*

512 characters remaining (512 maximum)

If Yes is selected, the Progress Report automatically becomes an Application for Additional Treatment.

Extension Request will display beside the submitted report on the Reporting History tab.

If a multi-site treatment is being requested, please indicate that in the applicable section of the Diagnosis & Treatment Plan tab. Indicate if this is the first request for approval to provide multi-site treatments or whether this is a request to extend previously approved treatments. Also indicate the anticipated number of treatments and rationale for the multi-site request.



Multi-site request:*

A request for Multi-site treatments will be created upon the submission of this report. If the request is approved, this will require scheduling double the normal allotted treatment time.

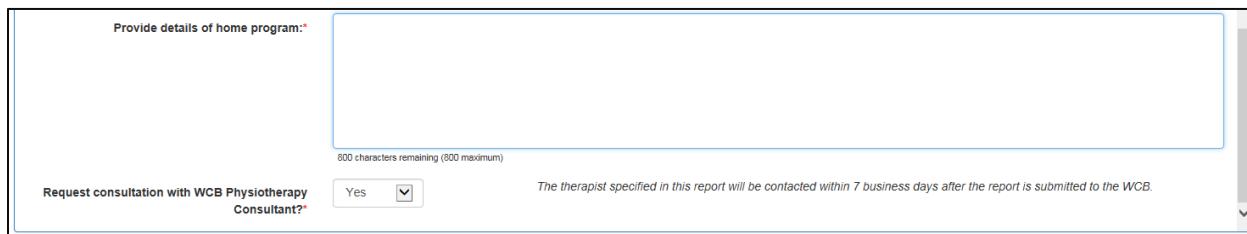
Number of Multi-site treatments requested:*

Rationale for Multi-site request:*

512 characters remaining (512 maximum)

Note: Multi-site visits should not be performed until approval is provided by the WCB.

The last section under the Diagnosis & Treatment Plan tab is for you to provide information about any home instruction you have provided to the worker, or to request a consultation with a WCB Physiotherapy Consultant.

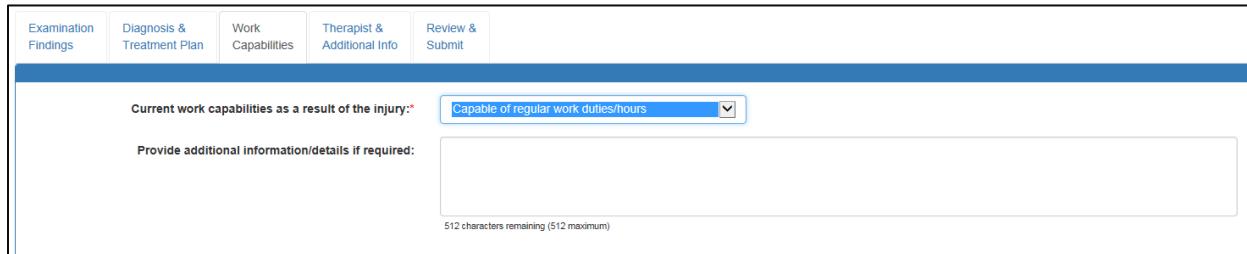


Provide details of home program:
800 characters remaining (800 maximum)

Request consultation with WCB Physiotherapy Consultant? The therapist specified in this report will be contacted within 7 business days after the report is submitted to the WCB.

Completing the Work Capabilities tab is important as it outlines the worker's restrictions, if any.

If you feel the worker is capable of regular work duties/hours, please indicate that and provide any additional relevant information.



Examination Findings Diagnosis & Treatment Plan Work Capabilities Therapist & Additional Info Review & Submit

Current work capabilities as a result of the injury: Capable of regular work duties/hours

Provide additional information/details if required:
512 characters remaining (512 maximum)

If, in your opinion, the worker is capable of modified work duties/hours, please indicate the details of their work restrictions and how long you believe those restrictions are needed. You can also advise the WCB if there are any extenuating factors influencing this worker's recovery.

| | | | | |
|--|----------------------------|-------------------|-----------------------------|-----------------|
| Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Current work capabilities as a result of the injury:[*] <input checked="" type="checkbox"/> Capable of alternate or modified work duties/hours</p> <p>Outline restrictions for work duties/hours:[*] 2000 characters remaining (2000 maximum)</p> <p>Outline any recommended work schedule modifications: 2000 characters remaining (2000 maximum)</p> <p>Duration of current restrictions:[*] <input type="button" value="Select..."/></p> <p>Are there factors unrelated to this injury prolonging recovery or ability to return to work?[*] <input type="button" value="Select..."/></p> | | | | |

If your assessment is that the worker is totally disabled from work, please provide a rationale for this based on your findings. Also, indicate how long you believe the worker will be totally disabled from work, and if there are any extenuating factors influencing this worker's recovery.

| | | | | |
|---|----------------------------|-------------------|-----------------------------|-----------------|
| Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Current work capabilities as a result of the injury:[*] <input type="button" value="Total Disability"/></p> <p>Outline findings that support total disability: 2000 characters remaining (2000 maximum)</p> <p>Duration of total disability:[*] <input type="button" value="Select..."/></p> <p>Are there factors unrelated to this injury prolonging recovery or ability to return to work?[*] <input type="button" value="Select..."/></p> | | | | |

You will need to provide information about the treating therapist under the Therapist & Additional Info tab. Treating therapists who have submitted reports or invoices via the eHealth Portal can be selected from the drop-down list for the clinic.

If this is the first Portal submission for a therapist, or it has been some time since that therapist has submitted through the Portal, select Other and add all the necessary details.

| Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
|--|----------------------------|-------------------|-----------------------------|-----------------|
| <p>Therapist Information:* Other <input checked="" type="checkbox"/></p> <p>Last Name:*</p> <p>First Name:*</p> <p>Initials:</p> <p>Title:*</p> <p>-Select- <input type="button" value="▼"/></p> <p>Registration Number:*</p> | | | | |

In addition to the therapist's name, you will need to indicate whether they treated the worker as a Physiotherapist or an Athletic Therapist. You will also need to indicate the therapist's Registration Number from their relevant professional organization (required in order to practice in Manitoba):

- Physiotherapists
 - College of Physiotherapists of Manitoba
 - 4 digit number (####)
- Athletic Therapists
 - Certification with the Canadian Athletic Therapists Association (CATA) and
 - Registration with Manitoba Athletic Therapists' Association (MATA) and
 - 4-digit number preceded by 2 (2-####)

On the same Therapist & Additional Info tab, you can provide an invoice number unique to you to track your submission or provide any other information you believe the WCB needs to know about this claim.

| | |
|--|--|
| <p>If you have an invoice number available, enter it here:</p> <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/> | <p><i>A payment request for a reporting fee will be created upon the submission of this report.</i></p> <p>Additional information that is relevant to this claim:</p> <div style="border: 1px solid #ccc; height: 100px; margin-top: 10px;"></div> <p style="text-align: center; font-size: 0.8em;">2000 characters remaining (2000 maximum)</p> |
|--|--|

Once you have completed the report, go to the Review & Submit tab.

If any required fields have not been completed, errors will appear and will need to be resolved in order to complete and submit the report. Click on an error code to be taken to the page that needs to be completed.

| | | | | |
|---|----------------------------|-------------------|-----------------------------|-----------------|
| Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |
| <p>Diagnosis & Treatment Plan</p> <ul style="list-style-type: none"> • BLERR021: 'Is the recovery satisfactory?' is required. <p>Work Capabilities</p> <ul style="list-style-type: none"> • BLERR021: 'Current work capabilities as a result of the injury' is required. <p>Therapist & Additional Info</p> <ul style="list-style-type: none"> • BLERR021: 'Therapist Information' is required. | | | | |

Once all required fields have been completed, the report will display. Review the report contents to make sure they are correct and complete. Navigate back to the previous tabs if any changes are required. To proceed with the report submission, simply check off the Submission Acknowledgement at the bottom of the report and click Submit .

| |
|--|
| <p>Submission Acknowledgement</p> <p><input checked="" type="checkbox"/> I, Jane User, 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.</p> |
| <input style="border: 1px solid #ccc; padding: 2px;" type="button" value="Submit"/> |

Important

- Once a report is submitted via the eHealth Portal, it cannot be retracted or edited.
- When the report is submitted, an invoice is automatically generated for the applicable Report Fee. **You do not need to invoice for this separately.**

The submitted report will display on the Reporting History tab. Click on the Report Type hyperlink to view the submitted report. The text you entered is displayed in **bolded** font; all other text was pre-populated.

| | | | |
|--|----------------------|---|--------------------------------------|
|  <p>WCB Workers Compensation Board of Manitoba</p> | | 333 Broadway, Winnipeg, MB R3C 4W3 Telephone 204-954-4321 Toll Free 1-855-954-4321 Fax 204-954-4999 Toll Free 1-877-872-3804 www.wcb.mb.ca | <input type="button" value="Print"/> |
| <p>Physiotherapy Progress Report Claim No. 41020002</p> | | | |
| Patient Information | | | |
| Name: | Worker, Ima | Telephone: | (204) 555-5555 |
| Address: | 555 Worker Blvd | Date of Birth: | 28-Aug-1985 |
| | Winnipeg, MB R1A 1A1 | PHIN: | |
| Job Title: | Carpenter | Gender: | Female |
| Incident Details | | | |
| Date of Incident: | 01-Mar-2018 | | |
| Area of Injury: | Lower back | | |
| Examination Findings | | | |
| Date of Examination: | 13-Jun-2018 | | |

It is highly recommended you save your own copies of all submitted reports as the WCB is not responsible for storing submissions created on the eHealth Portal indefinitely. Please refer to the [Important eHealth Portal Best Practices topic](#) for instructions on how to [retain and/or print copies of submitted reports](#).

Request Consultation

Submit a request to speak with a WCB Physiotherapy Consultant about this worker by selecting Request Consultation from the Action menu.

Request Consultation

The Requesting Therapist will be contacted within the next 7 business days.

Requesting Therapist:*

--Select--

Select the treating therapist from the drop-down menu. If the therapist is not on the list, select Other and enter the required information. To proceed with the consultation request submission, click Save , then Submit .

The Claim Owner or WCB Physiotherapy Consultant will attempt to contact the requesting therapist specified within seven business days.

Note: Consultation requests can also be submitted on Initial and Progress/Discharge Reports. An icon will appear beside submitted reports with Consultation Requests on the Reporting History tab.

Report Overpayment

Report overpayments or invoice errors to the WCB using this feature.

Report Overpayments

| Entry Number | Overpaid Item / Service* | Reason* | Service Date* | Original Invoice Number | Amount* | Delete |
|--------------|--------------------------|--|--|-------------------------|----------------------|---|
| 1 | <input type="text"/> | <input type="button" value="--Select--"/> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> Duplicate Payment Entered in Error Incorrect Claim </div> | <input type="button" value="Calendar"/> dd/mm/yyyy | <input type="text"/> | <input type="text"/> |  |

75 characters remaining (75 maximum)

Describe the service or item that was overpaid or invoiced in error. Please complete one entry for each item/service.

Select the appropriate reason from the drop-down menu:

| | |
|--------------------------|---|
| Duplicate payment | The item/service was paid more than once. |
| Entered in error | The item/service was submitted incorrectly. |
| Incorrect claim | The item/service should have been submitted on a different claim. |

Find the service date for the item/service on the Reporting History tab, Visit History tab, Sundry History tab or Recent Payments tab. If an invoice number was included in your submission, please provide it as well. Lastly, enter the amount of the service or item that was overpaid or invoiced in error.

Once all required fields have been completed, click Confirm . The Confirmation page will display. Review the information entered to ensure it is correct and complete. If any changes are required, navigate back to the previous page. To proceed with the overpayment submission, click Submit .

The WCB will review your submission within two business days of submission. If required, we may contact you to obtain additional information.

Based upon the status of the invoiced items, the WCB may cancel a payment (where the payment status was pending or approved) or enter an overpayment (where the payment status was paid).

Cancelled payments and new overpayments will be reflected in both the Recent Payments tab on the claim and the clinic's Payment History window. Additional information regarding the status of an overpayment and the subsequent recovery of those funds can be viewed in the Overpayment tab within the clinic's Payment History.

Record visit

Note: Initial visit invoices are automatically created when an initial report is submitted.

To submit invoices for subsequent (i.e., follow-up) and multi-site visits for payment, go to the Record Visit menu item.

Record Visit

Invoice Number:

Select one visit type to record each patient visit. The applicable payment request(s) will be submitted based on the selection.

| Entry Number | Visit Type <small> ⓘ * </small> | Service Date* | Therapist* | Delete |
|--------------|---|--|---|---|
| 1 | <input type="button" value="–Select–"/> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> Subsequent Visit Subsequent Visit with Acupuncture Multi-Site Visit Multi-Site Visit with Acupuncture No Show Cancellation </div> | <input type="button" value="–Select–"/> dd/mm/yyyy | <input type="button" value="–Select–"/> |  |

Enter your unique invoice number which you would like to be allocated to your submissions (if desired). Select the type of visit/treatment performed and the date of the visit (Service Date).

Select the treating therapist from the drop-down menu. If the therapist is not on the list, select Other and enter the required information. Once submitted, the appropriate payment item(s) will be created:

| A Portal Submission for a ... | Creates Invoices for a ... |
|--------------------------------------|---|
| Subsequent Visit | Follow Up Visit |
| Subsequent Visit with Acupuncture | Follow Up Visit Acupuncture Tray fee |
| Multi-Site Visit | Follow Up Visit Multi-Site Treatment fee |
| Multi-Site Visit with Acupuncture | Follow Up Visit Multi-Site Treatment fee Acupuncture Tray fee |
| No Show or Cancellation | Not applicable |

Processing these payments will be based on pre-approval decisions made by the Claim Owner. Ongoing visits require pre-approval from the Claim Owner.

The amounts will be as outlined in the contracted prices in the applicable agreement between the WCB and the Manitoba Physiotherapy Association.

Please record any missed visit as a No Show or Cancellation. Although the WCB does not pay for these missed appointments, this information is very valuable for WCB claim management.

Note:

- **Please refer to [Appendix A - Invoicing for alternate therapy](#) for instructions on how to invoice for Alternate Therapy including Physical Reconditioning Program, Work Hardening Program and Hand Therapy.**
- **Invoices for visits with Northern Differential fees must be submitted through traditional means (fax, mail or courier).**

Once all required fields have been completed, check off the Submission Acknowledgement at the bottom of the form and click Confirm .

Submission Acknowledgement

I, Jane User, 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.

The Confirmation page will display. Review the entered information to ensure it is correct and complete. Navigate back to the previous page if any changes are required. To proceed with the visit submission, click Submit .

Bill Sundries \$

Sundries are miscellaneous expenses that cannot be billed elsewhere in the eHealth Portal.

Please note that most sundry items require pre-approval by the Claim Owner.

Examples of sundry invoice items include:

- Narrative reports requested by the WCB
- Phone consultations with the WCB
- Other can include pre-approved expenses, such as:
 - Therapy supplies
 - Home therapy equipment

To submit an invoice for sundry items, provide your invoice number (if desired), and indicate the appropriate sundry Service Type. Enter one line per service or item.

Please note that amounts submitted may differ from the amounts that are approved and/or paid by the WCB.

| <p>Invoice Number: ABC123</p> <p>Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).</p> <table border="1"> <thead> <tr> <th>Entry Number</th> <th>Service Type*</th> <th>Description / Therapist*</th> <th>Quantity</th> <th>Service Date*</th> <th>Amount*</th> <th>Delete</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Narrative Report</td> <td>Provider, Atherapy - Physiotherapist #9999</td> <td>5 Pages</td> <td>06/06/2018</td> <td>70.26</td> <td></td> </tr> <tr> <td>2</td> <td>Phone Consultation</td> <td>Therapist, Another - Athletic Therapist #2-9999</td> <td>15 Minutes</td> <td>30/05/2018</td> <td>51.18</td> <td></td> </tr> <tr> <td>3</td> <td>Other</td> <td>Hot/Cold Pack</td> <td>1 Units</td> <td>06/06/2018</td> <td>6.00</td> <td></td> </tr> </tbody> </table> | | | | | | | Entry Number | Service Type* | Description / Therapist* | Quantity | Service Date* | Amount* | Delete | 1 | Narrative Report | Provider, Atherapy - Physiotherapist #9999 | 5 Pages | 06/06/2018 | 70.26 |  | 2 | Phone Consultation | Therapist, Another - Athletic Therapist #2-9999 | 15 Minutes | 30/05/2018 | 51.18 |  | 3 | Other | Hot/Cold Pack | 1 Units | 06/06/2018 | 6.00 |  |
|--|--------------------|---|------------|---------------|---------|---|--------------|---------------|--------------------------|----------|---------------|---------|--------|---|------------------|--|---------|------------|-------|---|---|--------------------|---|------------|------------|-------|---|---|-------|---------------|---------|------------|------|---|
| Entry Number | Service Type* | Description / Therapist* | Quantity | Service Date* | Amount* | Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Narrative Report | Provider, Atherapy - Physiotherapist #9999 | 5 Pages | 06/06/2018 | 70.26 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Phone Consultation | Therapist, Another - Athletic Therapist #2-9999 | 15 Minutes | 30/05/2018 | 51.18 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other | Hot/Cold Pack | 1 Units | 06/06/2018 | 6.00 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If you are invoicing for a narrative report:

- Provide the name of the treating therapist.
- Indicate the number of pages contained in the report (in quarter (.25) page increments).
- Enter the date of the report as the Service Date.
- Indicate the amount. *

If you are invoicing for a phone consultation:

- Provide the name of the treating therapist.
- Indicate the number of minutes for the consultation (in increments of 5 minutes).
- Enter the date of the consultation as the Service Date.
- Indicate the amount. *

* Rates for narrative reports and phone consultations will be paid in accordance with the applicable agreement between the WCB and the Manitoba Physiotherapy Association. All other amounts submitted will be subject to the discretion of the WCB.

For all Other expenses:

- Provide a brief description of the item being invoiced.
- Indicate the quantity.
- Enter the date the services or item(s) were provided to the worker as the Service Date.
- Indicate the amount.*

Note:

- **Do not include PST or GST as the WCB is exempt.**
- **Please refer to [Appendix A - Invoicing for alternate therapy](#) for instructions to invoice for Alternate Therapy including Physical Reconditioning Program, Work Hardening Program and Hand Therapy.**

Once all required fields have been completed, check off the Submission Acknowledgement at the bottom of the form and click Confirm .

Submission Acknowledgement

I, Jane User, 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.

The Confirmation page will display. Review the information entered to ensure it is correct and complete. Navigate back to the previous page if any changes are required. To proceed with the sundry submission, click Submit .

Payment History (Clinic-Level)



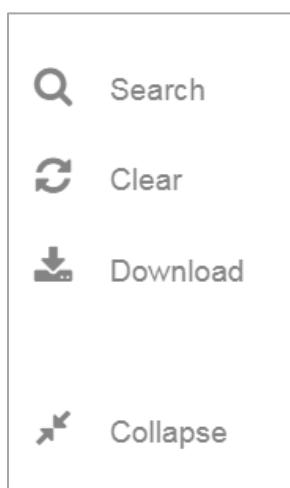
The screenshot shows the WCB eHealth Services interface. At the top, the WCB logo and "Workers Compensation Board of Manitoba" are on the left, and "ABC Therapy Clinic" with the address "123 Clinic Place, Winnipeg" are on the right. Below this is a navigation bar with four items: "Online Services Home", "eHealth Services Home", "Manage Patients", and "Payment History". The "Payment History" item is highlighted with a red box and a callout bubble that says "Click to view clinic's payment and overpayment details." The main content area has the WCB eHealth Services logo and the text "Welcome to eHealth Services for Physiotherapists".

There are two tabs under the Payment History menu: Payments and Overpayments.

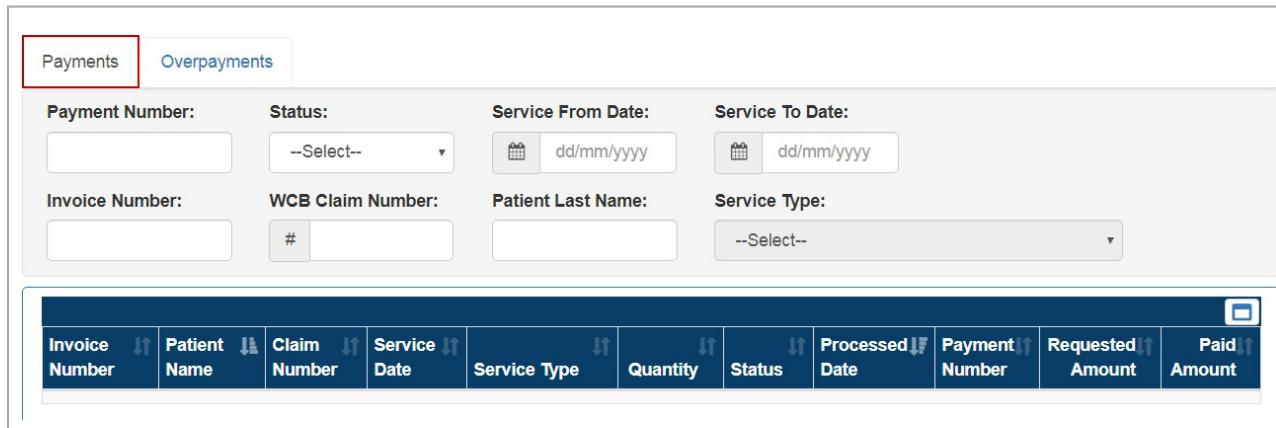
Note: If you do not see this menu, your Administrator has not provided you with access to this information.

Payments tab

The Payments tab lists all payment items created through your account, on all claims, including those submitted via the eHealth Portal or through traditional submission methods.



On the left-hand side of the window are navigation buttons. Please refer to the [Common symbols and icons table](#) for further information on how to navigate through the report.



Your search will display a maximum 500 payment items. You can use the search functions to refine the results.

The payment items will be listed in descending order of service date. However, you can sort by any of the other columns by pressing the Sort  button within the desired column heading.

To hide the search criteria, press the hide button  on the top right-hand corner of the list of payments. To reveal the search criteria, press the reveal button .

The status of the payments is considered real-time in that updates happen regularly throughout the day. Here is what the different status types mean:

| | |
|------------------|--|
| Pending | The payment request is in the process of being reviewed. |
| Approved | The payment request has been approved but payment has not yet been made. It will be paid out on the next scheduled bi-monthly pay run. |
| Paid | The payment request has been paid. Payment Number and Paid Amount are populated. |
| Denied | The payment request has been denied by the WCB. |
| Cancelled | The payment request has been cancelled by the WCB. |

Invoices submitted through traditional methods (fax, mail or courier) will not appear on the list of pending payment items until they are entered by the WCB.

The Requested Amount reflects the amount that was entered by the WCB and may not reflect an amount you entered in a submission.

The Paid Amount is the amount that was actually paid.

Any difference between Requested and Paid amounts are the result of the requested amount being reduced by an overpayment on your account.

Note: Overpayments are not necessarily recovered from payments being made on the same claim. The recovery can be from any payment item on any claim being paid to your clinic.

Additional overpayment details can be viewed in the [Overpayments tab](#)

You have the option to download your search results when they contain a minimum of 1 and a maximum of 500 payment items. If the Download  button is not displayed, conduct a new search or utilize the search functions to refine the results.

Click the Download  button to generate a Comma Separated Value (CSV) file that contains your search criteria and search results.

Invoices paid on a WCB Administrative claim

There are circumstances where the WCB may pay an invoice under a **different claim number** than the one you made your submission(s) on, including:

- The claim number you used to submit is subsequently merged into another claim number.
 - Other than the claim number, the details for the invoice items should be the same as entered (i.e., your invoice number, the patient's name (same or similar), the service date and type).
- The invoice was processed on an Administrative Claim instead of the original claim number:
 - The status of the submitted invoice will reflect Cancelled.
 - The Paid Amount will display as follows:
 - Under the Invoice Number column, you should see the patient's name and/or the original claim number and/or your invoice number.
 - The patient's name will be Admin Costs, Adjudication.
 - The Administrative Claim Number will display (i.e., 210#####).

- The same Service Date and Service Type will display.

Payments Overpayments

| | | | |
|----------------------|------------------------|---------------------------------|---------------------------------|
| Payment Number: | Status: | Service From Date: | Service To Date: |
| <input type="text"/> | --Select-- | <input type="text"/> dd/mm/yyyy | <input type="text"/> dd/mm/yyyy |
| Invoice Number: | WCB Claim Number: | Patient Last Name: | Service Type: |
| 112112 | # <input type="text"/> | <input type="text"/> | --Select-- |

| Invoice Number | Patient Name | Claim Number | Service Date | Service Type | Quantity | Status | Processed Date | Payment Number | Requested Amount | Paid Amount |
|-----------------------|---------------------------|--------------|--------------|--|----------|-----------|----------------|----------------|------------------|-------------|
| 112112 - Injured, Joe | Admin Costs, Adjudication | 21010055 | 01-May-2018 | 0177 - Physiotherapy - Follow Up Visit | 1 | Paid | 15-May-2018 | 3023222 | \$52.28 | \$52.28 |
| 112112 | Injured, Joe | 41010001 | 01-May-2018 | 0177 - Physiotherapy - Follow Up Visit | 1 | Cancelled | 15-May-2018 | | \$52.28 | \$0.00 |

Overpayments tab

The WCB may find you have been overpaid, or you may advise us that you have been overpaid. Once an overpayment has been created for your facility, the overpaid amount will be recovered from future payments, and not necessarily for the same claim.

The Overpayments tab lists all the details of the overpaid items on your account, including the claim(s) from which the overpaid amount has been recovered, for the past three years. You can search for specific overpayment records using the worker's last name or claim number, or filter by overpayment status (Approved, Completed or Suspended³).

Payments Overpayments

| | |
|--|-----------------------------|
| WCB Provider Account Number: | Overpayment Balance: \$0.00 |
| Patient Last Name: | WCB Claim Number: |
| <input type="text"/> | # <input type="text"/> |
| Overpayment Status: --Select-- Approved Completed Suspended | |

Pressing the plus button  beside an individual overpayment record will reveal details on the recovery of that overpayment. Recoveries are often applied to claims

other than the one that was overpaid. Overpayments are settled at the account level, not the claim level.

To expand/view the recovery details for an overpayment, press the plus button . To collapse/hide the recovery details for an overpayment, press the minus button.

| Recoveries Made from Different Claim | | | | | | | | | |
|--------------------------------------|--------------|--------------|--|--------------------|------------------|---------------------|---------------|--|--|
| Search Results: 2 found | | | | | | | | | |
| Patient Name | Claim Number | Service Date | Processed Date | Overpayment Amount | Recovered Amount | Overpayment Balance | Status | | |
| Injured, Joe | 41010001 | 13-Aug-2018 | 23-Aug-2018 | (\$44.07) | \$44.07 | \$0.00 | Completed | | |
| Overpayment recovery transactions: | | | | | | | | | |
| Patient Name | Claim Number | Service Date | Service Type | Quantity | Invoice Number | Payment Number | Recovery Date | | |
| Worker, Ima | 41020002 | 27-May-2018 | 0181 - Athletic Therapy, Follow Up Visit | 1 Visits | | 5163615 | 21-Aug-2018 | | |
| Worker, Ima | 41020002 | 06-Jun-2018 | 0181 - Athletic Therapy, Follow Up Visit | 1 Visits | 1234 | 5163615 | 21-Aug-2018 | | |
| + Worker, Ima | 41020002 | 13-Jun-2018 | 23-Aug-2018 | (\$44.07) | \$44.07 | \$0.00 | Completed | | |

³ Suspended overpayments are under review and are not actively being collected.

Appendix A - Invoicing for alternate therapy

This is the process to submit invoices for alternate therapy via the eHealth Portal.

Physical Reconditioning Program

Use the Bill Sundries feature to invoice for a Physical Reconditioning Program expense:

- Provide your invoice number (optional)
- Select the Service Type as Other
- Enter the Expense Description

Physical Reconditioning Program/Therapist Name

- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Bill Sundries

| Bill Sundries | | | | | |
|---|---------------|---|----------|---|---------------------------------|
| Invoice Number: <input type="text"/> | | | | | |
| Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013). | | | | | |
| Entry Number | Service Type* | Description / Therapist* | Quantity | Service Date* | Amount* |
| 1 | Other | Physical Reconditioning Program / Jane User | 1 | Units <input type="button" value="Calendar"/> | dd/mm/yyyy <input type="text"/> |
| <input style="float: right;" type="button" value="Delete"/> | | | | | |

Work Hardening Program

Use the Bill Sundries feature to invoice for a Work Hardening Program expense:

- Provide your invoice number (optional)
- Select the Service Type as Other
- Enter the Expense Description

Work Hardening Program/Therapist Name

- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Bill Sundries

| Bill Sundries | | | | | |
|---|---------------|------------------------------------|----------|---|---------------------------------|
| Invoice Number: <input type="text"/> | | | | | |
| Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013). | | | | | |
| Entry Number | Service Type* | Description / Therapist* | Quantity | Service Date* | Amount* |
| 1 | Other | Work Hardening Program / Jane User | 1 | Units <input type="button" value="Calendar"/> | dd/mm/yyyy <input type="text"/> |
| <input style="float: right;" type="button" value="Delete"/> | | | | | |

Hand Therapy

Hand Therapy - Initial Visit & Initial Report

The eHealth Initial Report feature does not include the option to invoice for the Hand Therapy tariff. Complete and submit a paper Initial Report and a corresponding paper invoice to request payment for the following tariffs:

- 0123 - Hand Therapy Physiotherapy - Initial Visit
- 3029 - Physiotherapy - Initial Report Fee
- 0165 - Acupuncture Tray Fee (if applicable)

Note: A paper submission is only required for the Hand Therapy Initial Visit & Initial Report.

Hand Therapy - Follow Up Visit

Use the Bill Sundries feature to invoice for a Hand Therapy - Follow Up Visit:

- Provide your invoice number (optional)
- Select the Service Type as Other
- Enter the Expense Description

0137 - Hand Therapy, Follow Up Visit / Therapist Name

- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Note: If acupuncture is performed during a Hand Therapy visit, include the acupuncture tray fee on the same Sundry invoice submission.

Bill Sundries

Invoice Number:

Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).

| Entry Number | Service Type* | Description / Therapist* | Quantity | Service Date* | Amount* | Delete |
|--------------|---------------|--|----------|---|----------------------|---------------------------------------|
| 1 | Other | 0137 - Hand Therapy, Follow Up Visit / Jane User | 1 | Units <input type="button" value="dd/mm/yyyy"/> | <input type="text"/> | <input type="button" value="Delete"/> |
| 2 | Other | 0165 - Acupuncture Tray Fee | 1 | Units <input type="button" value="dd/mm/yyyy"/> | <input type="text"/> | <input type="button" value="Delete"/> |