



M007B ACUPUNCTURE SERVICES INVOICE

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993

Please print clearly or type.

			WCB Claim #
Worker's Surname	First Name and Initial	Date of Accident (yyyy/mm/dd)	Personal Health Number
Address	City/Town	Province	Postal Code
Telephone Number	Part of Body	Type of Injury	Date of Birth (yyyy/mm/dd)

Date of Service (yyyy/mm/dd)	Health Service Code (see legend on back)	Type of Service	Fee Submitted
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$
<input type="checkbox"/> Continued Treatment <input type="checkbox"/> Final Treatment		Total Amount Billed	\$

This document MUST be accompanied by a Progress or Discharge Report and must have a WCB Claim Number.

Name and Address to Whom Fee is Payable (print) WCB Billing Number:	Signature	
	Print Name	
	Telephone Number	Fax Number
	Provider Reference Number	Date (yyyy/mm/dd)

SERVICE LEGEND

DESCRIPTION	SERVICE CODE	RATE (APRIL 1, 2019 – DECEMBER 31, 2020)
Acupuncture Assessment	ACU01	\$46.93
Acupuncture Treatment	ACU02	\$37.80

Billing Rules:

- All invoices must be submitted within six (6) months of date of service.
- Do not invoice report fees; reports fees are paid automatically.

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.
INVOICE MUST BE SUBMITTED WITHIN 6 MONTHS OF SERVICE TO BE ELIGIBLE FOR PAYMENT.