

Claimant: _____

Claim #: _____

Medicare #: _____

Date of accident: _____

Diagnosis: _____

Part of the body: _____

Physician: _____

Payee #: _____

Surgery date: _____

Anaesthesia start time: _____

Surgery authorization #: _____

Anaesthesia duration (hours): _____

Minutes: _____

Note: WorkSafeNB uses the *Medicare Manual* to guide its payment for surgical procedures.

1. First five procedure rows captures primary surgery basic units, basic time units and modifiers.
2. Enter unit rate and fee in each line item; and sum the units and fees in "Primary Total Units" row.
3. If Patient Controlled Analgesia is applicable, enter # days, unit rate and fee in procedure 8 and 9.
4. Use procedure rows 6-7 for additional procedures billed at anaesthesia unit rate and 10-12 for additional procedures billed at the general rate.
5. Filing bonus is calculated automatically by our system. Please use the base unit rate for > 5 days in the unit rate column.

Procedure #	Procedure	Medicare Code	Medicare Units	PCA days	Unit Rate	Fee
1	Primary Basic Units					
2	Primary Time Units					
3	Morbid Obesity	<input type="checkbox"/> BMI > 40 < 51 <input type="checkbox"/> BMI > 50				
4	Primary Modifier #1					
5	Primary Modifier #2					
6						
7						
	Primary Total Units					
8	Initiation Patient Controlled Analgesia	841	62			
9	Maintenance Patient Controlled Analgesia	842	12			
10						
11						
12						
					Total	

Second anaesthetist required

Justification attached

Adjusted for after-hours: _____

Adjusted for second anaesthetist: _____

Amount submitted: _____

Note: When multiple or bilateral procedures are being done at separate times and under separate anaesthesias, use a separate billing forms for each anaesthesia.

Comments: _____

Physician Office Stamp

or

Physician Address: _____

City, Town, Village: _____

Postal Code: _____

Phone: _____

I declare that this is a correct statement of services rendered by me for which I have received no payment.

Signature: _____

Date: _____

This form should be faxed to WorkSafeNB at 1 888 629-4722.