



Doctor's Account for Consultations and Procedures

WorkSafeNB internal use only - Doc. Code AD

Claimant: _____
 Medicare #: _____
 Diagnosis: _____
 Physician: _____

Claim #: _____
 Date of accident: _____
 Part of body: _____
 Payee #: _____

Note: • Under the Act, application for payment must be made within three months of the service rendered.

- Elective consultations and procedures must be pre-authorized.
- If this invoice spans multiple service dates, the date of service for the purpose of calculating the reporting bonus will be the date of the earlier service.
- Please submit invoices for major surgery bills and related anaesthesia on their own forms.

Payment for reports is dependent on receipt of a form.

- See attached Form 8
- See attached Form 10
- See attached report
- Authorization #: _____

Authorized as an expedited service (reporting bonus does not apply)

| Date | Time | Where Attended | Description | Service Code | Fee |
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| Total | | | | | |

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.