



WorkSafeNB Telephone Consultation and Case Conference Form

To be completed when Telephone Consultation or Case Conference Initiated or Requested by the Commission

Claimant Name: _____

Claim No.: _____

Consultation Date: ____^Y | ____^M | ____^D

Medicare No.: _____

Injury Diagnosis _____

Date of Accident : ____^Y | ____^M | ____^D

Consultation Type – check appropriate box

1. Paid at office visit fee

- ☐ Telephone consultation between Family Physician and Specialist (W1060)
☐ Telephone consultation between Specialist and Specialist (W1062)
☐ Telephone consultation between Physician and Physiotherapist (e.g., to discuss ability to perform job tasks) (W1050)

Name of Physiotherapist or other Physician: _____

2. Paid at office visit fee 1st 10 minutes and 48% of office visit fee for each subsequent 10 minutes

- ☐ Telephone consultation with Employer (not to be used for employer initiated calls) (W1020)
☐ Telephone consultation with Case Manager (W1030)
☐ Telephone consultation with WorkSafeNB physician (W1031)
☐ Telephone consultation with Cadre physician (W1032)
☐ Case management case conference (in person or by teleconference) (W1040)
☐ WRC case conference (in person or by teleconference) (W1041)

Telephone Consultation/ Case Conference Duration (Minutes): _____ (W1028, W1038)

Case conference travel to WorkSafe office (total kilometers): _____ (W1039)

WorkSafeNB Telephone/Conference Contact Person: _____

Summary Plan: _____

Multiple horizontal lines for additional notes or details.

Reviewed by WorkSafeNB Medical Advisor or Case Manager

Please Fax report to 1 888 629-4722

PHYSICIAN'S ACCOUNT section containing fields for Physician's Name, Address, Postal Code, WorkSafeNB Payee #, Signature of Physician, Date, and checkboxes for Patient's primary care physician and Specialist.