



# WSIB CLAIM HISTORY

Please complete the following to help us process your WSIB claim as quickly as possible, Thank you!

Name \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
 Birthdate (dd/mm/yyyy) \_\_\_\_\_ Claim # (if known) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person (HR) \_\_\_\_\_

What was the date of your accident/injury? (DD/MM/YYYY) \_\_\_\_\_

Describe what happened to cause your accident/injury: \_\_\_\_\_  
 \_\_\_\_\_

Describe the nature of your injury/symptoms: \_\_\_\_\_  
 \_\_\_\_\_

Were you referred by another health practitioner?  Yes  No Name: \_\_\_\_\_

Have you already been treated for this condition?  Yes  No Explain: \_\_\_\_\_

Have you had a similar medical condition in the past?  Yes  No Explain: \_\_\_\_\_

Have you ever filed a claim with WSIB in the past?  Yes  No Reason: \_\_\_\_\_

Are you currently off work as a result of your injury?  Yes  No

Are you currently on restricted (light) duty due to your accident?  Yes  No

### FINANCIAL POLICY FOR WSIB CLAIMS

If you have been injured at work and are filing a WSIB claim, please **notify the staff**, your **doctor**, and **your employer immediately**. Your employer (Human Resources Dept.) must complete an injury report and may have forms for you to complete in order for WSIB to consider your claim. Your doctor will complete a **Chiropractor's First Report (Form C640)** outlining your injuries and treatment plan, and may require a **Functional Abilities Form (C901)** from your employer if you are required to be off work or placed on light (restricted) duty for any length of time. WSIB will not consider your claim unless all documents relating to your case are submitted. Once all forms have been received by WSIB, your claim will be considered and approval for treatment should be received within 2-4 weeks. Once approved all claims for services are billed directly to WSIB and are not the responsibility of the patient.

Due to delays in processing claims, however, you **may** be required to pay for services that you receive before your claim has been submitted or approved. **If you do not pay for these services, and for any reason your claim is denied, you (the patient) will be responsible for paying the entire balance owing for services that have been rendered.**

I, \_\_\_\_\_ have read and fully understand the above financial policy related to WSIB claims and would like Norfolk Chiropractic Wellness Centre to hold a balance for me pending insurance approval for my claim. (Patient Signature) \_\_\_\_\_.