

Visit [wsib.ca/submit](http://wsib.ca/submit) to submit this form and supporting documents.

Name of Hospital			Sent date (dd/mm/yyyy)
Address	City/Town	Province	Postal Code
FAX No.		Telephone No.	

Patient Information		
Last Name	First Name	Date of birth (dd/mm/yyyy)
Description of the disease		
Type of first treatment		Date of treatment (dd/mm/yyyy)

Report Required (Check all that apply)			
	Date From (dd/mm/yyyy)	Date To (dd/mm/yyyy)	
Emergency Report			Triage X-rays Other
Investigations			MRI CT Scan Bone Scan
Inpatient Record: Discharge Summary			
Outpatient Record			
Operative Report			
Other			

Comments

Requestor Information		
Last Name	First Name	Telephone No.
Title		

Provider Billing Information			
It is an offense to knowingly make a false statement or representation to the WSIB. I hereby declare that the information being submitted is true and complete.			Service Code <b>3150</b>
Provider signature	WSIB Provider ID	Your Invoice No.	
Provider Position	Service date (dd/mm/yyyy)	HST Registration No.	HST Amount Billed

Confidentiality Note/Legislative Authority
<p>The information contained in this facsimile message is privileged and confidential, and may contain personal information that may be subject to the privacy provision of the Freedom of Information and Protection of Privacy Act. This information should not be distributed, copied, or disclosed to any unauthorized persons and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you have received this communication in error, or if any problems occur with transmission, please notify the sender immediately by telephone.</p> <p>Section 37 of the Workplace Safety and Insurance Act states; "Every hospital or health facility that provides health care to a worker claiming benefits under the insurance plan shall promptly give the Board such information relating to the worker as the Board may require."</p> <p>The Personal Health Information Protection Act, 2004, Section 43(1) (h) permits a health information custodian to disclose health information without consent as permitted or required by law including section 37 of the Workplace Safety and Insurance Act.</p>

Email [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you need a different format or accommodation. Disponible en français.