

DETERMINING the Status of a WSIB Claim



There are some early steps you can take to determine the status of a work related claim in terms of ability to proceed with assessment and/or treatment.

When initiating treatment with a WSIB patient, first confirm that the injury was work-related. Ask whether the claim has already been registered with the WSIB and if a claim number was assigned. The patient should submit a Worker's Report of Injury/Disease (Form 6) and their employer should submit an Employer's Report of Injury/Disease (Form 7). Please note that most claims are registered within two weeks. An assigned claim number is not a guarantee that the claim is approved.

Practitioners can inquire about a claim's status by calling the WSIB's General Inquiry Line at 1-800-387-0750 or 416-344-1000. If you do not have the claim number, provide your billing ID and the patient's name, address (including postal code), telephone number and date of birth.

When making this call, be aware that the WSIB cannot disclose the patient's private information to you. Rather than asking, "Is the claim approved?", it is recommended to ask, "**May I proceed with treatment?**" If the WSIB says 'yes,' you may proceed and submit WSIB forms (where applicable). If not, the claim may have been denied or may still be pending. The patient or health care practitioner can follow up at a later point in time.



Rather than asking, "Is the claim approved?", it is recommended to ask, "May I proceed with treatment?"

Please note that the Low Back Program of Care is unique in that the first block of treatment **will be paid even if the claim is denied**. This means that if you are treating a WSIB patient under this Program of Care, you can bill the WSIB immediately, even if the claim is pending or has been denied.

RECOMMENDED COURSE OF ACTION

1. Follow up with the WSIB periodically to inquire about proceeding with treatment. Before proceeding there should be a clear agreement with the patient that they will be responsible for costs in the event that the claim is not approved for health care treatment. Once the claim is approved, bill WSIB. If the claim is denied, bill the patient as you would normally.
2. Do not bill anyone until the status of the claim and entitlement to treatment is known. This will enable you to ensure that the correct party is billed.
3. If a significant amount of time has passed without a claim decision, it may be reasonable to bill the patient. If subsequent information indicates that the claim has been accepted, the patient must be reimbursed and WSIB may then be billed.

NOT RECOMMENDED BY THE OCA

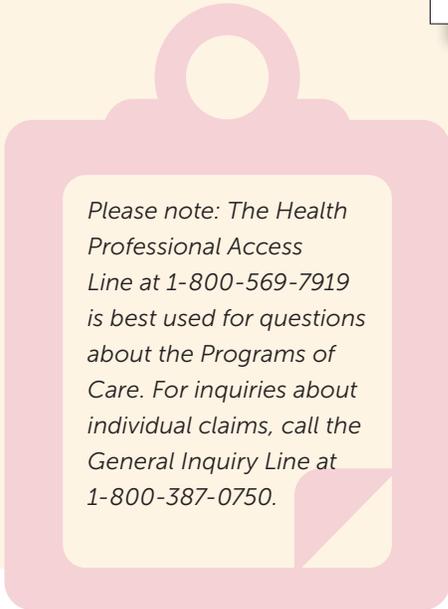
The OCA does **not** recommend delaying treatment until a claim is approved, nor does it recommend billing patients while a claim is pending. Neither of these courses of action are in the best interests of the patient.

Treatment timing should be guided by clinical recommendations, not insurance coverage decisions.

If you bill a patient directly and the claim is later approved, you will need to reimburse them. In certain cases, they may have already received compensation from their extended health insurer and this would also need to be reimbursed. These complications are best avoided by waiting for a claim decision before billing.

Please note that billing a patient for services provided under an **approved** claim is prohibited under section 33(5) of the Workplace Safety and Insurance Act which states “No health care practitioner shall request a worker to pay for health care or any related service provided under the insurance plan.” When a claim is approved, it is approved from the date of injury forward (not the date of approval) so any money the patient has paid **must** be reimbursed.

Please visit our website to download our sample patient form, *Patient Billing Responsibility in Case of Workplace Injuries*.



Please note: The Health Professional Access Line at 1-800-569-7919 is best used for questions about the Programs of Care. For inquiries about individual claims, call the General Inquiry Line at 1-800-387-0750.

**PATIENT BILLING RESPONSIBILITY
IN CASE OF WORKPLACE INJURIES**

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO:

1. Report my workplace injury to **my employer.**

2. Report my workplace injury to **WSIB** and ensure that they have all of the forms they need to process my claim.

IF MY CLAIM IS DENIED, I FULLY UNDERSTAND AND EXPRESSLY AGREE THAT I WILL BE PERSONALLY RESPONSIBLE FOR THE FULL COSTS OF SERVICES.

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____

DATE: _____

