

## Patient Visit Claim Sheet

Doctor Name \_\_\_\_\_

Payee Number \_\_\_\_\_

DOS d/m/yr	To Date	Patient Name (last, first)	Personal Health Number	Date of Birth (required)	Fee Code	# Srvc	Dx Code	Start Time	End Time	Ref. Pract #	Comments/Notes, WCB, MVA, Location Code

Please note that for Pediatric claims a DOB is mandatory, the to date column is used only for multiple hospital visits, ref pract – please provide MSP pract # or full name. Start and end times are needed ONLY if the code is time dependant i.e. call ins, cont care, surgical surcharges, 81/82/83/84 etc