



# Health Bill Submission Quick Reference Guide



- To access the Health Bill Submission application navigate to the Provider Portal homepage at: [providereservices.telushealth.com/](http://providereservices.telushealth.com/)
- To use the application, you must have direct deposit set up or be associated to a provider or organization that has direct deposit set up. You can set up direct deposit by accessing the **Email and Banking** link on the provider portal homepage.
- Log in using the credentials that were sent to you by the TELUS Provider Management Group.

### Log in

Username \*

Username assigned by TELUS Health

Password \*

[Log in](#)

- Click **WSIB** from the Provider Portal homepage:

## TELUS Health Provider Portal

Welcome to the TELUS Health provider portal, a secure system that allows allied healthcare providers to submit claims and request reimbursement on behalf of their patients.

### Select the Service

- [WSIB >](#)
- [eClaims >](#)

- Click **Health Bill Submission** from the main WSIB page:

## Workplace Safety and Insurance Board (WSIB)

- [eProvider Reporting >](#)
- [Health Bill Submission >](#)
- [Non-Health Bill Submission >](#)



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You will only see this screen if you have more than one location, service provider, and/or provider role.

- Use the drop-down boxes to select the profile you will use to submit your bill. Your profile consists of one or more of the following: service location, location role, service provider, and provider role. The portal only displays the options relevant to you.
- Click **CONTINUE**.

### Select a profile

Select which profile you would like to use to access the following WSIB features with.

\*Service Location

Service Provider  [What's this?](#)

\*Provider Role



The profile you select will be used throughout your session in the portal. To switch profiles, click the drop-down next to your name and select **Change profile**.

Service provider **John Smith** ▼

Change profile



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- Select the submission type. If you have the claim number, select **Valid Claim Number**. Otherwise, select **No Claim Number**.

Select **Valid Claim Number** to submit your bill using the **Claim Number** and **Date of Birth**. Both fields are mandatory.

**Submission Type**  **Valid Claim Number**  **No Claim Number**

**Claim Number**

**Date of Birth**    (dd-mmm-yyyy)

Select **No claim number** to submit your bill using the **First** and **Last Name** and the **Date of Birth** (all mandatory) and date of injury (optional).

**Submission Type**  **Valid Claim Number**  **No Claim Number**

**Last Name**

**First Name**

**Date of Birth**    (dd-mmm-yyyy)

**Date of Injury**    (dd-mmm-yyyy)

- Click **SEARCH**. The system will search based on the information provided. If you choose a **Valid Claim Number** submission, an exact match must be found before you can proceed. Otherwise if you choose a **No Claim Number** submission, you will be able to proceed regardless of whether a match is found.

 If the claim number is available, always use it when submitting your claim.



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There are five sections to the bill entry screen:

## ■ Provider Information

1. Provider Information

Invoice Reference #

**Service Location:** 123 Streetname St, Toronto, Ontario, M6S 4H7

**Service Provider:** Dr. Phyllis Physician

**Provider Role:** Physician

**WSIB Provider ID:** 123456789

**Invoice Reference #:** (optional) You can populate this field with your reference number and use it later to track your bill.

## ■ Claim Information

2. Claim Information

**Claim Number:** 22223333

**Patient Surname:** Smith

**Patient Given Name:** Joseph

**Date Of Birth:** Jan-01-1958

**Date of Accident:** Jan-01-1992

This section displays claim and patient information. You cannot edit any of this information.

## ■ Payee Information

3. Payee Information

**\*Payee**

Head office

Service location - 1234 Streetname ave

Service provider - John Smith

In the payee section, choose the person or organization that should be paid. Payee is auto-selected and read-only when you only have one payee available.

In order to appear in your payee drop-down, the individual or organization must meet two criteria:

- They must be associated to you.
- They must have direct deposit set up.

To create an association, click either the **Associate a provider**, the **Associate to an organization** or the **Associate to a head office** link on the Provider Portal homepage.

To set up direct deposit, click the **Email and Banking** link on the Provider Portal homepage.



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## ■ Bill Notes

4. Bill Notes
<input type="text"/>

**Bill Notes:** (optional) You can use this field to enter notes pertinent to the bill that may assist in processing.

## ■ Bill Line Items

5. Bill Line Items							
No.	ServiceCode	ICD-9	Date of Service(mm/dd/yyyy)	POS	Units	Charges(XXXXX.XX)	
1	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

■ Enter your bill items on the **Bill Line Items** section. For every line item, the following fields are available:

**Service Code:** \* Code used to describe the service that was performed. Click the magnifying glass to the right of the field to look up a particular code.

**ICD-9:** (read-only) An internal code used by the WSIB in processing the bill. The default value is 9599 and you cannot change this value.

**Date of Service:** \*Date on which the service was provided in mm/dd/yyyy format.



The **Date of Service** entered must be within the past seven years.

**POS:** \* Place of Service i.e. a code describing the location where the service was performed. e.g. Office, Home, Inpatient Hospital. Click the magnifying glass to the right of the field to look up the code.

**Units:** (optional) Number of units of the service that was performed. Note that this value will not be used to calculate the price, only the **Charges** field (below) is used to determine the price.

**Charges:**\*The total charge for this line item.

### Entering multiple line items.

Bill Line Items							
No.	ServiceCode	ICD-9	Date of Service(mm/dd/yyyy)	POS	Units	Charges(XXXXX.XX)	
1	5135	9599	01/07/2019	11	<input type="text"/>	\$ 100.00	<input type="text"/>
2	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4	<input type="text"/>	9599	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

■ If you have multiple, similar line items that occurred on different dates, you can quickly enter them by clicking the magnifying glass to the right of the **Charges** field.



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- The date selector screen is displayed. Select all applicable dates.
- Click **Add**.

**Date of Service (select all that apply):**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month	Year
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jan	2019																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feb	2019													

**FEE:**     **ICD-9:**

- The portal displays the multiple lines and you can make any necessary edits.

No.	ServiceCode	ICD-9	Date of Service(mm/dd/yyyy)	POS	Units	Charges(XXXXX.XX)
1	<input type="text" value="5135"/>	<input type="text" value="9599"/>	<input type="text" value="01/07/2019"/>	<input type="text" value="11"/>	<input type="text"/>	\$ <input type="text" value="100.00"/>
2	<input type="text" value="5135"/>	<input type="text" value="9599"/>	<input type="text" value="01/14/2019"/>	<input type="text" value="11"/>	<input type="text"/>	\$ <input type="text" value="100.00"/>
3	<input type="text" value="5135"/>	<input type="text" value="9599"/>	<input type="text" value="01/21/2019"/>	<input type="text" value="11"/>	<input type="text"/>	\$ <input type="text" value="100.00"/>
4	<input type="text" value="5135"/>	<input type="text" value="9599"/>	<input type="text" value="01/28/2019"/>	<input type="text" value="11"/>	<input type="text"/>	\$ <input type="text" value="100.00"/>

**i** You can enter a maximum of 31 lines per bill. If you have more than 31 lines, create additional bills.

- To view and verify the total charges that you are submitting, scroll to the bottom of the bill line items i.e. below line 31 of the bill. The total charges are displayed underneath the 31st line item.

30	<input type="text"/>	<input type="text" value="9599"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
31	<input type="text"/>	<input type="text" value="9599"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Total Charges:</b>						\$ <input type="text" value="400.00"/>



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 There is no way to save a bill and return to submit it at a later time.

- To submit your bill, scroll to the bottom of the screen to section **5 Submit for Payment**. From here, you can click the **SUBMIT** button to send your bill for processing or **EXIT** if you want to return to the main application page without submitting.

**5. Submit for Payment**

It is an offense to deliberately make false statements to Workplace Safety & Insurance Board.  
I hereby certify that the information being submitted is true, correct and complete.

- The portal displays a summary screen of all the information you have entered. If you need to make a correction, you can click **EDIT** to return to the bill. To confirm submission of your bill, click **SUBMIT**. To cancel your bill, click **EXIT**.

**Provider Information**

Service Location: 123 Streetname St, Toronto, Ontario, M6S 4H7  
 Service Provider: Dr. Phyllis Physician  
 Provider Role: Physician  
 WSIB Provider ID: 123456789

Invoice Reference #:

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**Claim Information:**

Claim Number: 22223333  
 Patient Surname: Smith  
 Patient Given Name: Joseph  
 Date Of Birth: Apr-04-1980  
 Date of Accident: May-02-2018

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**Bill Notes:**

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No.	ServiceCode	ICD-9	Date of Service	POS	Units	Charges
1	530	9599	01/07/2019	11	1	\$ 100.00
2	530	9599	01/14/2019	11	1	\$ 100.00
3	530	9599	01/21/2019	11	1	\$ 100.00
4	530	9599	01/28/2019	11	1	\$ 100.00

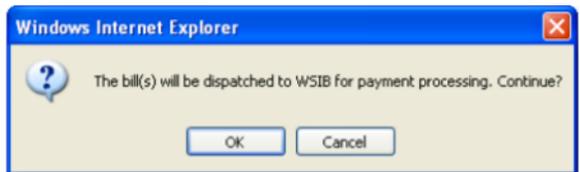
---

**Submit for Payment**

It is an offense to make a false statement to the Workplace Safety and Insurance Board. I hereby certify that the information is true, correct, and complete. I acknowledge the [terms and conditions](#) agreed to at registration.

Payee: Service location - 1234 Streetname ave, Toronto, ON, M4C 3D4 Total Charges: \$ 400.00

- A final prompt confirming the submission will be displayed. Click **OK** to complete the submission process.





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- You have submitted your bill and a summary of it is displayed. This summary includes all of the information you entered plus the relevant patient information that was retrieved by the system. An additional confirmation number is displayed based on your WSIB Provider ID and the time and date of submission.
- From the Summary screen you can **PRINT** or **CLOSE** to return to the main application search screen.

<b>Provider Information</b>		WSIB Provider ID :123456789	Invoice Reference #: 25412			
<b>Claim Information:</b>						
Claim Number: 22223333		Date Of Birth: 01-Jan-1958				
Patient Surname: Smith		Date of Accident: 01-Jan-1992				
Patient Given Name: Joseph		Confirmation No: 10003566308052019005922				
<b>Bill Notes:</b>						
<b>Bill Line Items</b>						
No.	ServiceCode	ICD-9	Date of Service	POS	Units	Charges
1	530	9599	01/07/2019	11	1	\$ 100.00
2	530	9599	01/14/2019	11	1	\$ 100.00
3	530	9599	01/21/2019	11	1	\$ 100.00
4	530	9599	01/28/2019	11	1	\$ 100.00
<b>Confirmation</b>						<b>Total Charges: \$ 400.00</b>
Patient Signature: _____						
<input type="button" value="PRINT"/>				<input type="button" value="CLOSE"/>		