



Non-Health Bill Submission Quick Reference Guide



- To access the Non-Health Bill Submission application, navigate to the Provider Portal homepage at: <https://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 **Non-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 are logged in as a head office and have more than one associated organization.

- Use the drop-down boxes to select the service location you will use to submit your bill
- Click **CONTINUE**.



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**.



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- Prior to entering your bill, you must enter the Claim Number. Enter your 8-digit claim number and click **SEARCH** to proceed.

TELUS
health solutions

SUBMIT PAYMENT | VOID/UPDATE PAYMENT | BILL/PAYMENT STATUS

Submit Payment Request For:

Claim Number

SEARCH **RESET**

- If you enter the incorrect claim number, click **RESET** to clear the field and try again.



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Mandatory fields are indicated with a red asterisk: *

There are five sections to the bill entry screen:

■ Provider Information

1. Provider Information

Service Location: 123 Streetname St, Toronto, Ontario, M6S 4H7 Invoice Reference #

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

This section displays claim and information about the person injured at work. You cannot edit any of this information.

■ Payee Information

3. Payee Information

*Payee

Head office

Service location - 1234 Streetname ave

Service location - 1111 Streetname ave

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

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

■ Bill Line Items

No.	ServiceCode	Date of Service(mm-dd-yyyy)	Units	Charges(xxxxx.xx)
1				\$
2				\$
3				\$

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

Service Code: * Code used to identify the service that was performed. Click the magnifying glass to the right of the field to look up a particular code. This allows you to search by service code or keyword. Service code searches will return only an exact match whereas keyword searches will return all results that include the keyword in the description of the service.

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.

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. (optional)

Charges:*The total charge (dollar value) for this line item.

Entering multiple line items.

■ 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.

No.	ServiceCode	Date of Service(mm/dd/yyyy)	Units	Charges(xxxxx.xx)
1	530	08/29/2019		\$ 50.00
2				\$
3				\$
4				\$

■ The date selector screen is displayed. Select all applicable dates.

■ Click **Add**.



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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 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"/>	<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"/>	Aug	2019
<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	Sep	2019	

FEE:

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

4. Bill Line Items						
No.	ServiceCode		Date of Service(mm/dd/yyyy)		Units	Charges(XXXXX.XX)
1	530		08/29/2019		<input type="text"/>	\$ 50.00
2	530		08/30/2019		<input type="text"/>	\$ 50.00
3	530		09/02/2019		<input type="text"/>	\$ 50.00
4	530		09/03/2019		<input type="text"/>	\$ 50.00

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"/>	
31					<input type="text"/>	\$ <input type="text"/>	
						Total Charges: \$ 200.00	



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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
WSIB Provider ID: 123456789 Invoice Reference #:

Claim Information: Claim Number: 22223333
Patient Surname: Joseph
Patient Given Name: Smith

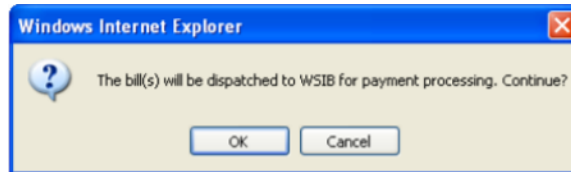
Bill Notes:

Bill Line Items				
No.	ServiceCode	Date of Service	Units	Charges
1	530	08/29/2019	1	\$ 50.00
2	530	08/30/2019	1	\$ 50.00
3	530	09/02/2019	1	\$ 50.00
4	530	09/03/2019	1	\$ 50.00

Submit for Payment Total Charges: \$ 200.00

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.

- 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 information pertaining to the person injured at work 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.

Provider Information		WSIB Provider ID: 123456789	Invoice Reference #:	
Claim Information:		Claim Number: 22223333 Patient Surname: Smith Patient Given Name: Joseph	Confirmation No: 10003478026092019063742	
Bill Notes:				
Bill Line Items				
No.	ServiceCode	Date of Service	Units	Charges
1	530	08/29/2019	1	\$ 50.00
2	530	08/30/2019	1	\$ 50.00
3	530	09/02/2019	1	\$ 50.00
4	530	09/03/2019	1	\$ 50.00
Confirmation Patient Signature: _____			Total Charges: \$ 200.00	
		<input type="button" value="PRINT"/>	<input type="button" value="CLOSE"/>	