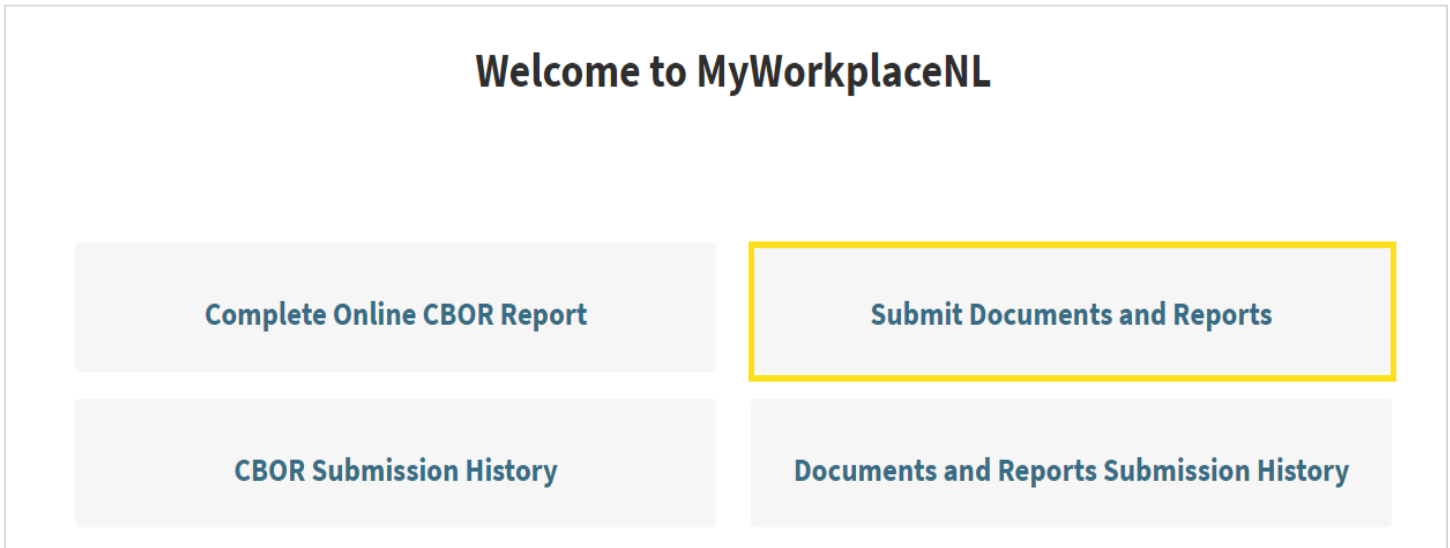


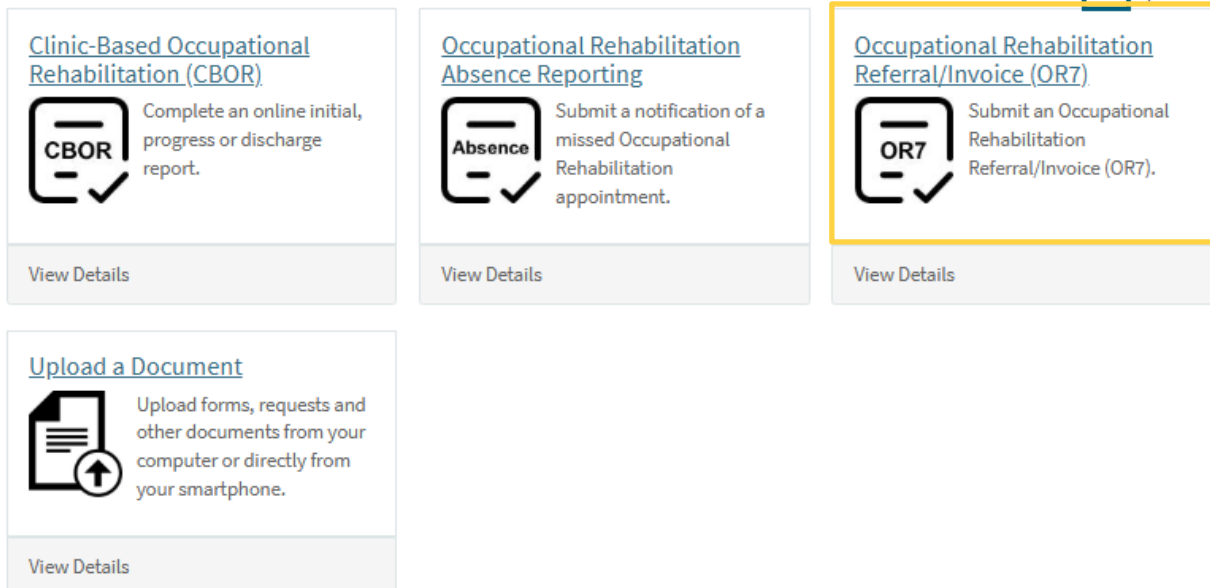
Submitting an Occupational Rehabilitation Referral/Invoice (OR7)

To submit an Occupational Rehabilitation Referral/Invoice (OR7), log in to MyWorkplaceNL and select **Submit Documents and Reports** from the landing page.



Select **Occupational Rehabilitation Referral/Invoice (OR7)**.

Submit Documents and Reports



To begin, complete the **Client Information** section. Consult the faxed Occupational Rehabilitation Referral/Invoice (OR7) from WorkplaceNL for the Purchase Order (P.O.) referral information you will need to complete this section.

Occupational Rehabilitation Referral/Invoice (OR7)

Submit an Occupational Rehabilitation Referral/Invoice (OR7).



Complete an Occupational Rehabilitation Referral Invoice (Form OR7) whenever a service is completed for an injured worker to initiate payment and draw down on an existing Purchase Order.

Partially completed Referral Invoices are automatically saved for 48 hours. To retrieve, return to this page and select "OK" when asked if you wish to continue using a previous incomplete form.

To obtain your submission confirmation number, please go to your Documents and Requests Submission History.

* Indicates required

Client Information

* Last name	* First name
* Claim number	
* Invoice number	* Invoice date
	2025-07-17
* Vendor name	* Vendor number
Case manager	Phone number

Next, to add the Occupational Rehabilitation Services to your Referral/Invoice, click **Add**.

Occupational Rehabilitation Services

Add Remove All

Actions	Service	P.O. number	P.O. from date	P.O. to date	Approved P.O. hours	Approved P.O. kilometers	Appr

In the **Add Row** pop-up box, select the **Service** rendered from the drop-down list.

The relevant fields for the selected service will appear. Complete the fields and click **Add**.

Add Row

* Service

-- None --

-- None --

Functional Assessment

Worksite Occupational Rehabilitation

Clinic Based Occupational Rehabilitation

Clinic Based Occupational Rehabilitation Initial

Job Site Analysis

Work Station Review

Adjudication Assessment

Other Services

Psychosocial Risk Factors Intervention

Expenses

Mileage

Total invoice amount

To submit multiple service types on the Referral/Invoice, repeat the steps above. The services entered will display in the **Occupational Rehabilitation Services** summary table.

Occupational Rehabilitation Services

AddRemove All

Actions	Service	P.O. number	P.O. from date	P.O. to date	Date of services rendered	P.O. hours	P.O. kilon
 	Functional Assessment	3456742	2024-07-29	2024-08-02	2024-07-31	12	
 	Worksite Occupational Rehabilitation	3479062	2024-07-29	2024-08-02	2024-07-31	9	

To edit or delete a row, in the **Actions** column select the pencil icon to edit the service rendered information or the X icon to delete the row.

When all services rendered are entered in the summary table, enter the **Total invoice amount**.

Occupational Rehabilitation Services

AddRemove All

Actions	Service	P.O. number	P.O. from date	P.O. to date	Approved P.O. hours	Approved P.O. kilometers	#
 	Functional Assessment	3456742	2024-07-29	2024-08-02	12		

Total invoice amount

Acceptable attachment file types: PDF, JPG, and JPEG

Maximum file upload: 50 MB, with a limit of 10 attachments per submission.

Attachments

Drop files here

or



Receipt.pdf (385.7 KB)

1m ago

Submit

If receipts are required to be attached, click the **Add Attachments** button. You will be prompted to browse to the attachment to be added. Select it by clicking on it, then click **Open**. The attachment will appear at the bottom of the **Attachments** section. To edit the attachment name, select the pencil icon. Select the X icon to remove it.

To retain a copy of your Referral/Invoice, right click to display your browser's print options before submitting. Then, click **Submit**.

Does your submission include an accommodation expense?

Receipts must be attached if you are billing for an accommodation expense. If you forget to attach your accommodation receipts prior to clicking the submit button, you will receive a system reminder to attach receipts.

Receipts must be attached

OK

Upon submission, a confirmation screen will display and you are then redirected to the landing page.



Thank you, your request has been submitted
The landing page will be displayed automatically in 5 seconds

You can view a list of all documents uploaded to WorkplaceNL, including the Occupational Rehabilitation Referral Invoice (OR7) by selecting **Documents and Reports Submission History** on the landing page.

Welcome to MyWorkplaceNL

Complete Online CBOR Report

Submit Documents and Reports

CBOR Submission History

Documents and Reports Submission History

A list of documents successfully submitted to WorkplaceNL, including the Occupational Rehabilitation Referral Invoice (OR7), will display and include reference information about the submitted document.

Home > Requests

Forms listed below have been successfully received by WorkplaceNL. Please do not resubmit by mail, email or fax.

My Submissions

Number	Short description	Created ▾
RITM0021546	Occupational Rehabilitation Referral/Invoice (OR7) - Nickle, Back	2024-08-21 03:54:54 PM
RITM0021545	Occupational Rehabilitation Referral/Invoice (OR7) - Shania, Twain	2024-08-21 03:52:36 PM
RITM0021515	Upload a Document - Nickle, Back Type: Functional Assessment	2024-05-24 01:24:45 PM
RITM0021514	Upload a Document - Shania, Twain Type: Work Station Review	2024-05-24 01:23:53 PM
RITM0021513	Upload a Document - Nickle, Back Type: Job Site Analysis	2024-05-24 01:23:07 PM

< 1 2 3 >

Rows 1 - 10 of 29

If you have questions or require assistance with submitting an Occupational Rehabilitation Referral Invoice (OR7), contact us by calling 1.800.563.9000, or email us at info@workplacenl.ca