

## Occupational Rehabilitation Referral/Invoice

<b>Client Information</b>	Surname _____	Given Name(s) _____
Claim No. _____	Invoice Date _____	Invoice Number _____
Vendor Number _____	Vendor Name _____	
Case Manager: _____		Phone #: _____

**Services:**

	P.O. Number	From Date	To Date	Sessions/Hours	Amount	Date Services Rendered YY MM DD	Sessions/Hours	Total Dollar Amount
1. <input type="checkbox"/> FA	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
<b>Worksite Occupational Rehabilitation</b>								
2. <input type="checkbox"/> WS-OR	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
<b>Clinic Based Occupational Rehabilitation</b>								
3. <input type="checkbox"/> CB*	_____	_____	-	_____	\$ _____	/ /	_____	_____
4. <input type="checkbox"/> CB Initial**	_____	_____	-	_____	\$ _____	/ /	_____	_____
	* CB Is In Sessions							
	** CB Initial Is In Hours							
5. <input type="checkbox"/> JSA	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
6. <input type="checkbox"/> WSR	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
7. <input type="checkbox"/> ADJ Assmt	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
8. <input type="checkbox"/> OS	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Total Hours On Site						_____	_____
	Total Hours Doc/Travel Time/Other						_____	_____
9. <input type="checkbox"/> PRFI	_____	_____	-	_____	\$ _____	/ /	_____	_____
10. <input type="checkbox"/> Expenses	_____	_____	-	_____	\$ _____	/ /	_____	_____
	Per Diem							\$ _____
	Accommodations (Receipts must be attached)							\$ _____
					<b>Kilometers</b>			
11. <input type="checkbox"/> Mileage	_____	_____	-	_____	_____	/ /	_____	_____
	Total Distance: _____ Km							_____

**Total Invoice** \_\_\_\_\_