

8. Estimate in detail, the entire treatment plan with itemized charges, using your Dental Association Fee Schedule.

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
	Total \$ _____

Health Care Provider's Signature _____

THIS IS AN ESTIMATE ONLY - NOT TO BE CONSIDERED AN ACCOUNT

Signature of person completing form _____ Date _____

RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpts from the Nunavut & NWT *Workers' Compensation Acts*

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| Report by health care provider | 25. (1) A health care provider who examines or treats a worker under this Act shall submit a report to the Commission. |
| Timing and contents of report | (2) The report must be submitted within three days after the examination or treatment, and must contain the information required by the Commission. |
| Duty of health care facility | (3) If a health care facility employs the health care provider referred to in subsection (1), the health care facility is responsible for ensuring that the report is submitted in accordance with this section. |
| Provision of information | 30. The Commission may require a claimant, an employer or a health care provider to provide any information that it considers necessary for it to determine a claim for compensation. |

Excerpt from the Nunavut & NWT *Workers' Compensation General Regulations*

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| 7.2 | A health care provider who fails to provide information required under section 30 of the Acts is liable under subsection 141(2) to a penalty of \$250. |
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The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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